

V

HUMAN LIFE IS THE STATE'S GREATEST ASSET

HYGIENIC LABORATORY
WASHINGTON, D. C.
FLORIDA



HEALTH NOTES

OFFICIAL BULLETIN

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No. 1

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

CALVIN T. YOUNG, M. D. . . . President, Plant City
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ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

The Anti-Mosquito Conference held in Daytona on December 6th and 7th was a signal success. The meeting is now history but its deliberations will be long remembered by those who attended. A bird's eye view of the Conference reveals several momentous accomplishments which will exert a telling influence upon future mosquito control programs in Florida.

Briefly reviewed, some of the accomplishments of the Conference were:-

1. The organization of the Florida Anti-Mosquito Association headed by Florida's dean of health workers and sanitarians, Colonel Joseph Y. Porter, Sr., of Key West. This independent agency with a membership of civic organizations, corporations, and individuals interested in mosquito control work, supplies a very necessary esprit de corps for furthering constructive propaganda and educational programs.
2. The Conference succeeded to enlighten many, for the first time, as to the economic aspects of mosquito control activities. The benefits derived at Perry, Miami and other places were forcibly impressed upon the whole assembly. It was clearly shown that mosquito control measures were not only for subsequent health betterment, such work also netted an economic development of great proportions.
3. Many delegates to the Conference returned home inspired and determined to institute systematic community programs to squelch the first born of the spring. There will be more mosquito programs initiated next spring than ever before in Florida's history, and many of them as a direct result of the Daytona Conference.
4. Delegates realized that it is necessary to make mosquito control work a routine function of a municipality, operating department and further that provisions should be made annually for such work in a city's budget.

Something constructive was started at Daytona and in future years when the Florida Anti-mosquito Association holds its annual meetings, December 6th and 7th, 1922, will stand forth as two of the most memorable dates in Florida's history

ADMINISTRATION (Continued)

as regards the health and economic development of the State.

The State Board of Health will be closely identified with the Florida Anti-mosquito Association. It will act as the advisory and active promulgator of mosquito control campaigns. The State Board of Health will make community surveys, outline plans, initiate campaigns and guide their movements. The two organizations will cooperate at all times, one advancing and assisting in the work of the other for the betterment of Florida.

The wonderful results attained from an intensive mosquito control program carried on in the little mining town of Brewster proved what could be done along this line. Brewster is situated in the phosphate mining region of Polk County; it has a population of about fifteen hundred people. The town and surrounding country afford ideal breeding places for malaria and dengue mosquitoes. Ponds, artificial lakes, swamps and slow moving streams were found to be prolific mosquito breeding places also holes in trees and water containers.

The malaria incidence of the early spring of 1920 ranged from forty to eighty percent. The community was swarming with flies. The majority of the children had hookworm infection. It was necessary for the American Cyanamid Company to carry on its payroll over one hundred men to provide a full working crew. The economic loss was astounding. Doctor William J. Buck was engaged by the Company to 'clean up' the town. On Doctor Buck's recommendation all buildings were screened. Garbage cans were provided and the contents disposed of by incineration following daily collection. Stables were ordered cleaned and manure hauled away daily. The entire town was cleaned of all trash, garbage, tin cans, weeds, etc. Lawns and lots around homes were cleaned and beautified. All streets and areas front and back of homes were cleaned and ordered kept immaculate. All privies were made flyproof. The improvement in the appearance as well as the health conditions of the town was astonishing. There is no hookworm disease among the children. There is no malaria. No flies. No mosquitoes. There has been no dengue. No typhoid. What Brewster has done any community can do provided there is like cooperation and a sanitary discipline.

BUREAU OF ACCOUNTING
Screven Dozier, Auditor

MONTHLY FINANCIAL STATEMENT

RECEIPTS

Balance from last statement.....	\$34,418.12
October 1922, Receipts.....	1,097.54
Total.....	<u>\$35,515.66</u>

DISBURSEMENTS

October 1922, Disbursements.....	10,745.70
Balance.....	<u>\$24,769.96</u>

Annual Receipts and Disbursements
to November 1st, 1922.

RECEIPTS

Balance from 1921.....	\$47,416.86
Total Receipts in 1922.....	82,938.40
Total.....	<u>\$130,355.26</u>

DISBURSEMENTS

Total Disbursements in 1922.....	105,585.30
Balance available November 1st, 1922.....	<u>\$24,769.96</u>

NOTES FROM THE DISTRICTS

WEST COAST

A. C. Hamblin, M. D. District Health Officer

DIFFERENTIAL DIAGNOSIS OF CHICKENPOX - SMALLPOX

Chicken pox - Headache and temperature today. Eruption tomorrow.

Smallpox - Headache and temperature today continuing for two, three or four days. All symptoms subside followed by eruption.

* * * * *

As a result of Schick test in two schools, one hundred and seventy (170) children received toxin-antitoxin.

* * * * *

Fifty-four (54) children were vaccinated for smallpox.

* * * * *

At the request of the local physician of a rural district, I visited two schools and administered treatment to thirty (30) suspects.

EAST COAST

T. A. Blinn, M. D., District Health Officer

A physical examination of the pupils of Murray Hill School, near Jacksonville, has been made. The Woman's Club of this section is interested and cooperates with public health officials.

* * * * *

An extensive Schick testing and immunization to Diphtheria campaign was put on in Ft. Pierce, Ft. Lauderdale and Dania, with the active cooperation of Doctors Clark and Hardee of Ft. Pierce, Doctor Stanford of Ft. Lauderdale, and the aid of the School Officials. Over five hundred and fifty were tested and those found susceptible were given first immunization treatment. The second and third treatments are to be given by family physicians.

* * * * *

Palm Beach County, through Mr. D.W. Boydston of the County Board of Education, requests more public health work, especially immunization to Diphtheria. A Schick testing and immunization campaign will be conducted in this county at an early date. Cooperation of local physicians is assured.

NOTES FROM THE DISTRICTS (Continued)

Examination of school children, about fifty in number, was made at Lagrange, Brevard County, Florida.

* * * * *

A Schick testing and immunization campaign will begin in Dade County early in January, where eight thousand Miami school children and about six hundred children in Homestead and Redlands will be given this opportunity of protection against Diphtheria.

* * * * *

Inspection was made of St. Lucie, Dade and Palm Beach County Jails. A visit to the St. Lucie County Jail revealed a well-kept and sanitary institution in charge of Sheriff Merritt. The same can be said of the Palm Beach County Jail, which is a handsome modern structure, just completed and kept by Sheriff Baker. The Dade County Jail, in charge of Sheriff Allan, is all that could be desired, being exceptionally well managed.

WEST FLORIDA

F. A. Brink, M. D., District Health Officer

Physical examination of the children in three schools of the West Florida District has demonstrated clearly the value of school health work. In two of these schools the children had been examined and a large number of their defects had been corrected. In other words, where no previous work had been done, there was a relatively high percentage of granulated lids, uncorrected defects of vision, diseased tonsils, decayed teeth and hookworm disease. In this latter community the teachers, parents and local physician are cooperating heartily in carrying out the suggestions of the district health officer. Already the children have improved in appearance as the result of their better health.

In West Florida, the school that has the best looking children is the school in which teachers and pupils give most attention to the daily health chores. Fresh air in the sleeping room, playing out of doors a part of each day, eating proper food and drinking milk, bathing and brushing the teeth are splendid for individual health, but they are also the best things in the world for the looks.

BUREAU OF CHILD WELFARE
Laurie Jean Reid, R. N., Director

ADVICE TO MOTHERS

Guarding the baby's health so that it may grow into perfect manhood and womanhood is, and should be the desire of every mother.

To accomplish this end the work should begin at birth and the watchword should be PREVENTION.

Keep in mind that most of the communicable diseases are preventable, and many of the diseases observed in older children begin in infancy.

One of the surest safeguards for the infant is breast feeding for it is a known fact now that the breast fed infant carries an immunity from its mother against many of the communicable diseases.

Another striking example of this is Ophthalmia Neonatorum. Many babies within two or three days after birth, occasionally later, have what is commonly know as "sore eyes", or, as the mothers say, "have caught cold in their eyes", while the real name of this disease and to whose account is credited two-thirds of all the blindness in the world is Ophthalmia Neonatorum, a preventable disease, which is caused by a germ getting into the baby's eyes as it is being born.

The eyelids become reddened and swollen and in a few hours pus forms in profusion. All such cases should be treated immediately by a physician, since a few hours delay in the initiation of treatment may cost the infant's sight. This condition can usually be prevented if the physician or midwife immediately after birth uses the prophylactic treatment prescribed by the State Board of Health which is two drops of one percent solution Silver Nitrate in each eye.

The time-worn theory that every child should have measles, chicken-pox, whooping cough, mumps and scarlet fever while young is as foolish and criminal as teaching that every child in so many should die in its infancy, and many more be left legacies of chronic heart, lung, ear and eye diseases to handicap them through life.

BUREAU OF CHILD WELFARE (Continued)

To protect the mother and young child from these diseases a high degree of resistance is necessary, and much more depends on its surroundings than at first appears necessary. There should be an abundance of fresh air and sunshine and the windows and doors should be screened against flies and other disease carrying insects.

The surroundings of the home should be free from uncovered garbage, rubbish and manure for all these attract flies. The fly is unquestionably the greatest enemy the baby has. Time was when we regarded the fly as a harmless insect, but we now know that they are highly dangerous, and that a single fly may be responsible for the development of typhoid fever and other illnesses of severe nature.

The spread of most contagious diseases is caused through ignorance or carelessness. Very often contagious diseases in their early stages cannot be distinguished from non-contagious diseases, and it is wise always to separate children from every sick person, young or old, until the true nature of the illness is known, for it is at this time, the undiagnosed period, that a great deal of infection is spread. If the disease proves contagious the separation must be kept up. This separation consists of placing the patient in a room by himself, and giving him separate dishes, wash cloths, towels, bedding, and all other things needful for his care. If possible one person only should care for the patient, and the clothing of this person should be protected by a gown or cover-all apron when in the patient's room. The caretaker's hands should be thoroughly washed in warm water and soap and soaked in a disinfectant solution, after caring for or handling the patient.

Nothing should be taken from the room of the patient suffering with a contagious or infectious disease until it has been thoroughly disinfected.

Every mother should cooperate to the fullest extent with the Local Health Department in its efforts to limit the spread of communicable disease and protect the lives of children. Do yourself what you would desire of another parent whose child might be a source of danger to your own family.

BUREAU OF DIAGNOSTIC LABORATORIES
B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE
STATE BOARD OF HEALTH DURING NOVEMBER 1922

	Jackson- ville	Tampa	Pensa- cola	Miami	Talla- hassee	Total
Animal Parasites.....	406	570	79	28	28	1111
Diphtheria.....	1667	423	138	62	149	2439
Typhoid.....	123	154	34	32	92	435
Malaria.....	210	200	32	38	33	513
Rabies.....	3	4				7
Tuberculosis.....	164	90	25	28	10	317
Gonorrhoea.....	148	78	26	42	2	296
Syphilis.....	980	442				1422
Water: Bact. Ex.....		25		15		40
" NaCl Cont.....				15		15
Milk: Bact.....	15	22	4	97	15	153
Chem.....	15	22	4	269	5	315
Miscellaneous.....	36	15	18		3	72
	3767	2045	360	626	337	7135

Specimen Containers distributed.....5362

BIOLOGICAL PRODUCTS SENT OUT DURING NOVEMBER 1922

Diphtheria Antitoxin:	10,000 units.....	260
	5,000 ".....	121
Schick Tests:	10's.....	14
	100's.....	48
Toxin Antitoxin:	1's.....	8
	10's.....	61
Tetanus Antitoxin:	5,000 units.....	32
	1,500 ".....	87
Typho Bacterin	515 Packages	
Vaccine Virus.....	1410 Points	
Antirabic Virus.....	8 Treatments	

BUREAU OF SANITARY ENGINEERING

George W. Simons, Jr., S. B., Chief Engineer

ECHOES FROM DAYTONA CONFERENCE.

Mosquito control work in Florida got a real sound start at the Daytona Conference, and henceforth we are going to hear more of this kind of work than ever before.

A number of speakers at the Conference impressed upon the assembly that MOSQUITO ERADICATION was hopeless but MOSQUITO CONTROL was possible.

Letters and telegrams from Messrs. Swartz and Scales of Perry certainly proclaimed in no uncertain terms what these two business men think of MOSQUITO CONTROL EXPENDITURES. Mr. Swartz stated emphatically that the \$10,000 invested by his company in the Perry program was the best investment they had ever made - that so far it had returned them 1000 per cent in IMPROVED LABOR EFFICIENCY and BETTER HEALTH. Likewise Mr. Scales stated that Perry, as a town, never made a greater achievement - that today Perry is the healthiest town in Florida. These men conclude that the \$30,000 investment at Perry has returned at least \$300,000 to the community in better health conditions, happiness and prosperity. Isn't that a fine record for a little rural city of 1900 inhabitants? ALL HATS OFF TO PERRY.

Senator Fletcher admonishes us to quit "kidding" ourselves about withholding reports of health conditions in Florida. He advises to let the world know what Florida intends to do - tell them all that we are setting to the tremendous task of CONTROLLING FLORIDA MOSQUITOES. Isn't that sensible advice? Much better than that advanced by some of our Associations in the State who believe in hiding their light under a bushel or play ostrich.

SIXTEEN Chamber of Commerce organizations were represented at the Daytona Conference. These organizations realize that constructive community development depends upon health and mosquito control.

St. Augustine carried away the honors for having the largest delegation at the Conference. At roll call they presented TEN STRONG DELEGATES. Palatka, Sanford, and St. Petersburg came next in line with FOUR. Jacksonville had

BUREAU OF SANITARY ENGINEERING (Continued)

SIX, while Tampa sent three. Orlando, Ft. Pierce and New Smyrna also sent three delegates each.

The United States Government was represented at the conference by delegates from the United States Public Health Service and the U. S. Department of Agriculture.

One of the most popular attendants of the Conference and one who was frequently called upon for advice and information was Mr. Wilbur Walden of New Jersey. Mr. Walden as Ass't. Entomologist of that state is concerned with the extensive mosquito programs and he came all the way from New Jersey to assist us in putting over the show. He is a fine fellow and we hope he will come back again.

The Florida Development Board was ably represented by its secretary Mr. Coult of Jacksonville. Mrs. W. W. MacDonnel of Jacksonville, Chairman of the Committee of Public Health of the Florida Federation of Womens Clubs, was present and presented a message of encouragement and best wishes from President Elizabeth Skinner of the Federation.

The major railroads operating in Florida were well represented at the Conference. The Seaboard Air Line was represented by their Director of Development, Mr. C. S. Ucker of Savannah; the Florida East Coast by Mr. J. B. Perkins, Public Relations Agent of Jacksonville and Mr. H. S. Mc Clendon, of St. Augustine; the Louisville and Nashville by Mr. H. C. Bretney, Florida Passenger Agent in Jacksonville. These great lines realize the economic meaning of such work as mosquito control.

In Florida there are FIVE chapters of the AMERICAN ASSOCIATION OF ENGINEERS - a national organization of Professional Engineers. THREE CHAPTERS had official delegates at the Daytona Conference. These men believe that mosquito control is engineering work - and it is. The Jacksonville Chapter was represented by its President and Secretary. The other chapters having delegates present were St. Augustine and West Palm Beach. The latter chapter sent Mr. Mah, a Chinese engineer who operates the West Palm Beach water filtration plant.

The State Plant Board of Gainesville was represented by Mr. Berger.

BUREAU OF SANITARY ENGINEERING (Continued)

Probably the most dearly beloved figure at the Daytona Conference was Col. Joseph Y. Porter of Key West, Florida's dean of health workers and sanitarians. Col. Porter on the first night of the Conference delivered an excellent talk dealing with reminiscences. Those who missed this inspiring address will ever regret the day. Dr. Porter in his characteristic manner held his audience at all times and carried them through the early days of trial and tribulation before the mosquito theory of disease transmission was even suspected. This grand old man of Florida was later made President of the Florida Anti-mosquito Association.

The Daytona Conference was noteworthy for a reason other than mosquitoes - at one time and place two of Florida's former health officers assisted the present health officer to make the meeting successful. Dr. R. N. Greene delivered one of the most inspiring addresses of the Conference - telling of the days in Taylor County before Perry undertook its constructive health campaign.

Col. Turck, State Health Officer, showed himself to be a worthy and capable master of ceremonies and in his initial address relative to the aims and purposes of the conference, detailed what could be done in this state by cooperative, concerted action on behalf of everybody. Col. Turck referred to the excellent work done at Brewster by Col. W. J. Buck, former Ass't. State Health Officer under Dr. Greene. Brewster, Col. Turck stated, furnishes an example, a demonstration of what can be done. What Brewster has accomplished every town or settlement in Florida can accomplish. Col. Turck admonished the assembly that our penny wise, pound foolish policy should be discarded and in its place a constructive health development program should be initiated.

The Florida Anti-mosquito Association was born at the Daytona meeting. It will be a potent organization for community good in Florida. It will concern itself largely with educational work - but under the direction of Col. Porter it will prosecute a big piece of work.

Already this winter, SIX communities are planning their mosquito work for next spring. They are planning orderly, and systematically and are proposing to provide the necessary funds for the work in their budgets. Those towns doing work are LIVE OAK, RIVER JUNCTION, DAYTONA, SANFORD, NEW SMYRNA, COCOA, and ST. AUGUSTINE.

Remember the slogan of the Florida Anti-Mosquito Association:-
"KEEP EVERLASTINGLY AT IT"

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

IS YOUR BABY REGISTERED?

Florida is coming to the front in birth registration. We are proud of the fact that more than twenty-three thousand (23,000) babies were registered in our State last year. This record however, is not perfect. In fact it is so far from complete that Florida is not ready to be accepted into the United States Registration Area for births.

There is a high standard of efficiency set for the states to attain before being considered standard. Birth registration must be ninety (90) per cent complete before a state is accepted into the group known as the United States Registration Area for Births.

A recent test re-the birth records in ninety (90) per cent there are a few people not done their part by cates, thus depriving into the class, nationally, known as have enough to publish and research, health pro-

Every birth certi-in the State's per-record available for what about those ba-tificates have not been put on file? Someone is responsible for depriving these little babies of their just rights and proof of citizenship. Every true American parent should feel it his duty to make sure that a birth certificate is on file for his own children. We never know when this important record will be required, and the prompt filing of a birth certificate may be the means of avoiding many a heartache in the future. Ask your family physician if your baby's birth certificate has been filed, or ask the local Registrar in your home town if he has forwarded the birth certificate to the State Board of Health.

One good way to start the baby right is to have his birth registered. This costs you nothing and means much to the baby in years to come.



vealed the fact that Florida are close to complete. However, in this State who have filing birth certifi-this State of entering tionally and interna-ing records complete qualify for studies of blems, etc.

ficate received and put manent file is a legal the future citizen, but bies whose birth cer-

The above cut used through courtesy of the national Child Welfare Association, Inc.

BUREAU OF VITAL STATISTICS (Continued)

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
402	Mr. C. J. Crews,	R. F. D. #1, Brooker, Fla.
601	Mr. Jasper Lawson,	Ft. Lauderdale, Fla.
802	Mr. C. P. DeBusk,	Homosassa, Fla.
2003	Miss Grace Sternenberg,	Ponce de Leon, Fla.
23017	Mr. Jas. W. Fielding,	Day, Fla.
2904	Mr. A. W. Edwards,	Ebb, Fla.
3302	Mr. T. B. Wells, Jr.,	Callahan, Fla.
35147	Mrs. R. Myers,	Windermere, Fla.
3703	Mrs. Mary A. Hall,	Lake Worth, Fla.
40357	Mrs. Sadye I. Burson,	Pierce, Polk Co., Fla.
4302	Mr. D. Floyd,	Quay, Fla.
4901	Miss L. E. Hough,	Box 814, Daytona, Fla.

* * * * *

Many births occur in our hospitals. Local Registrars should check hospital records very carefully each month.

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Superintendents of Sunday Schools and pastors of different denominations should check baptismal records with the local registrar to see that the baby's birth certificate has been filed. Pastors of small congregations, especially in rural districts, will be doing a very great kindness to those under their charge if they will cooperate with the local registrar and help to establish proof of citizenship for every baby in their church or Sunday School.

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WASTEFUL POLICY

"Now see what we have done," growled a city comptroller. "We have spent a lot of money preparing for an epidemic of contagious disease, and, by George! we haven't had a single case or a death to show for it. If we could have had a good-sized epidemic it would have been easy enough to justify our public expenditures in the eyes of the people."

"I am quite satisfied to pay my share of this public loss," commented the intelligent taxpayer. (Kansas Bulletin)

BUREAU OF VITAL STATISTICS (Continued)

"No health department, State or local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring."

MORBIDITY

Notification of 1,346 Cases of Sickness has been received during November as compared with 1,022 for the same month last year.

Diseases	Total Cases	By Weeks November 1922					Weekly average for November 1921
		1st.	2nd.	3rd.	4th.	5th.	
Anthrax.....	1	0	1	0	0	0	0
Cancer.....	56	29	0	27	0	0	5
Chancroid.....	10	3	2	5	0	0	8
Dengue.....	227	76	47	61	34	9	26
Diphtheria.....	122	22	26	35	17	22	31
Dysentery.....	6	4	0	1	1	0	4
Gonococcus.....	175	47	20	49	36	23	39
Hookworm.....	77	11	33	16	12	5	16
Influenza.....	103	13	8	28	6	48	12
Leprosy.....	1	0	0	0	0	1	0
Malaria.....	124	44	13	50	9	8	20
Measles.....	3	2	1	0	0	0	3
Mumps.....	1	0	0	1	0	0	0
Paratyphoid.....	3	0	2	0	0	1	0
Pellagra.....	11	5	3	2	1	0	2
Pneumonia.....	58	23	1	29	1	4	7
Poliomyelitis(A).....	2	1	0	1	0	0	0
Scarlet Fever.....	6	1	0	2	1	2	4
Small Pox.....	3	2	1	0	0	0	5
Syphilis.....	168	61	7	44	33	23	43
Tetanus.....	8	5	0	2	1	0	0
Trachoma.....	4	0	3	0	0	1	0
Trichinosis.....	1	0	0	1	0	0	0
Tuberculosis.....	131	53	12	47	12	7	16
Typhoid Fever.....	41	10	3	15	4	9	7
Whooping Cough.....	4	0	0	1	0	3	4

A - Less than one.

B - More than one but less than two.

BUREAU OF VITAL STATISTICS (Continued)

Reported Cases of the following diseases for November 1922.

Counties	Ty- phoid	Mal- aria	Small Pox	Diph- theria	Tuber- culosis	Dengue fever	Sy- philis	Gonor- rhea
STATE	41	124	3	122	131	227	168	175
Alachua	-	3	-	2	7	-	4	-
Baker	-	-	-	-	-	-	-	-
Bay	-	-	-	1	-	-	2	5
Bradford	-	-	-	-	1	-	-	-
Brevard	-	1	-	-	-	9	1	1
Broward	-	-	-	-	-	-	-	1
Calhoun	-	1	-	-	-	-	-	-
Charlotte	-	1	-	-	-	-	-	1
Citrus	-	17	-	-	2	3	-	1
Clay	5	1	-	1	2	-	-	-
Columbia	-	1	-	2	3	33	-	-
Dade	4	-	-	3	5	9	6	7
DeSoto	-	-	-	-	-	-	-	-
Dixie	-	-	-	-	-	-	-	-
Duval	4	9	-	23	14	109	112	102
Escambia	2	1	-	13	3	-	-	11
Flagler	-	-	-	2	1	-	-	-
Franklin	-	2	-	-	1	3	-	2
Gadsden	3	9	-	1	6	10	5	-
Glades	-	-	-	-	-	-	-	-
Hamilton	-	-	-	-	1	-	-	-
Hardee	-	-	-	4	1	-	-	1
Hernando	-	1	-	-	4	-	-	-
Highlands	-	-	-	-	-	-	-	-
Hillsboro	6	23	-	29	12	6	23	22
Holmes	-	2	-	-	-	10	-	2
Jackson	3	5	-	5	4	-	1	-
Jefferson	-	-	-	-	-	-	-	-
Lafayette	1	1	-	-	-	-	-	-
Lake	-	-	-	2	5	-	-	-
Lee	1	-	-	-	2	-	-	-
Leon	-	2	-	-	2	-	-	-
Levy	-	1	-	1	-	-	-	-
Liberty	-	1	-	-	-	-	1	-
Madison	-	4	-	-	-	-	-	-

Florida State Board of Health

BUREAU OF VITAL STATISTICS (Continued)

Reported Cases of the following diseases for November 1922.

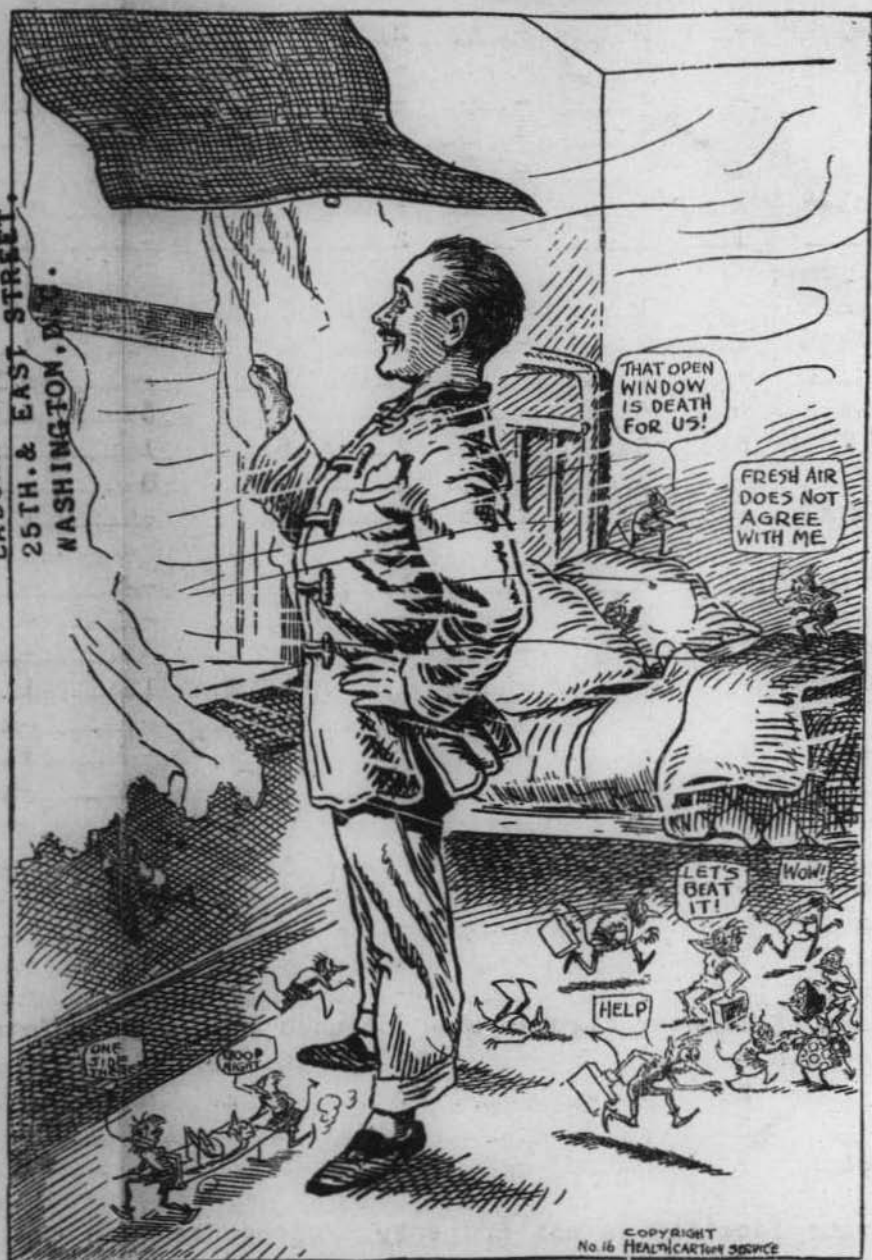
Counties	Ty- phoid	Mal- aria	Small Pox	Diph- theria	Tuber- culosis	Dengue fever	Sy- philis	Gonor- rhea
Manatee.....	-	3	-	2	2	-	-	1
Marion.....	-	4	-	-	3	12	1	-
Monroe.....	-	-	-	-	5	-	1	-
Nassau.....	-	1	-	-	1	-	-	-
Okaloosa.....	1	-	-	-	-	-	-	-
Okeechobee.....	-	-	-	-	-	-	-	-
Orange.....	1	1	-	2	5	-	1	-
Osceola.....	-	1	-	-	2	-	-	-
Palm Beach.....	1	2	-	2	2	-	1	-
Pasco.....	-	2	-	-	2	-	-	-
Pinellas.....	-	4	-	13	5	5	3	11
Polk.....	5	3	-	2	8	1	-	-
Putnam.....	-	3	-	2	6	8	-	1
St. Johns.....	-	2	1	1	3	-	1	1
St. Lucie.....	-	-	-	1	1	-	-	-
Santa Rosa.....	-	1	-	-	1	-	-	-
Sarasota.....	1	-	-	-	1	-	-	-
Seminole.....	-	-	-	1	1	1	1	2
Sumter.....	-	-	-	-	-	-	-	-
Suwannee.....	1	-	2	-	2	-	1	-
Taylor.....	-	5	-	1	-	-	-	-
Union.....	1	-	-	1	-	8	-	-
Volusia.....	-	3	-	1	4	-	3	3
Wakulla.....	-	-	-	-	-	-	-	-
Walton.....	-	-	-	4	-	-	-	-
Washington.....	-	3	-	-	1	-	-	-
Cities (Following figures are included with County Totals)								
Jacksonville.....	2	7	-	21	10	107	112	101
Tampa.....	3	9	-	23	5	4	19	10
Miami.....	3	-	-	1	5	8	6	6
Key West.....	-	-	-	-	5	-	1	-

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? **THINK IT OVER CAREFULLY.** The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

Florida State Board of Health

The Only Kind of Night Air That Is Bad Is Last Night's

LIBRARIAN HYGIENIC.
LABORATORY.
25TH. & EAST STREET.
WASHINGTON, D.C.



Keep Your Bedroom Windows Open
All Night---Every Night

LIBRARY
HYGIENIC LABORATORY
WASHINGTON, D. C.
HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL BULLETIN
PUBLISHED MONTHLY BY THE
STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
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VOL. 15

FEBRUARY, 1923

NO. 2

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

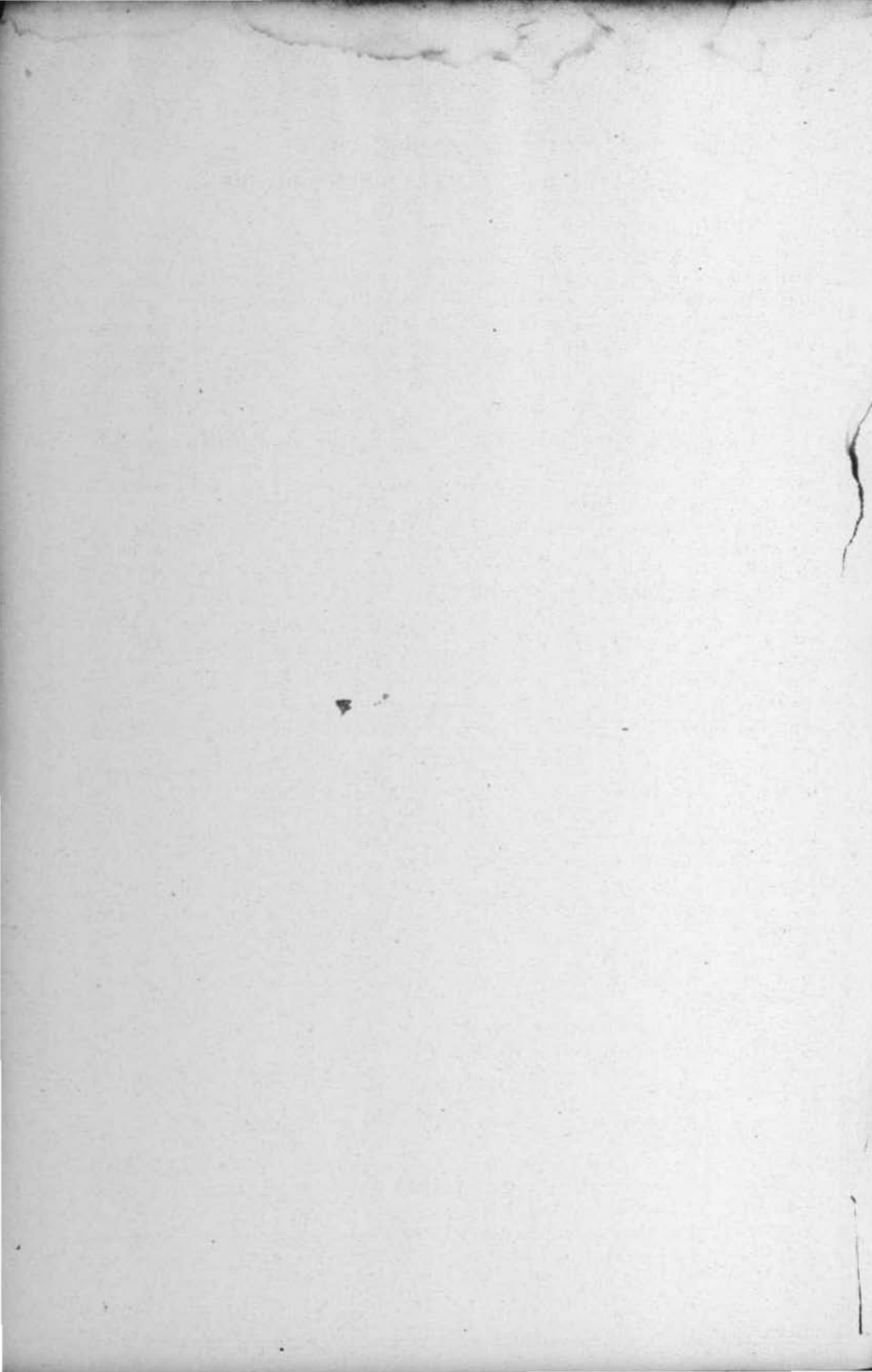
If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

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Raymond C. Turck, M. D., State Health Officer

FOOD

To be properly nourished, man must, at suitable intervals, be supplied with the foods which will best serve to build up his body, maintain it in health and permit the performance of necessary mental and physical work.

Blood and muscle—bone and tendon—brain and nerve, in fact all organs and tissues of the body are formed from the nutritive ingredients of food.

Although foods differ greatly in texture and appearance they are in reality made up of a few chemical constituents, namely, protein, fat, carbohydrates and ash together with a larger or smaller amount of water.

Protein is the name given to the total group of nitrogenous materials present. The group is made up mainly of true proteids such as the gluten of wheat, the albumen of eggs, etc., and nitrogenous materials such as amids which are believed to have a lower food value than the albumens.

The "fat" group includes, the fat of meat, such as suet and lard, the fat of milk (butter), true vegetable fats and oils such as olive oil, oil in corn, etc.

The group "carbohydrates" includes the starches and sugars.

The "ash" group, commonly called "mineral matter," includes the inorganic bodies present in the form of salt in the juices and tissues of different foods. Food, as it is bought, contains much "mineral matter" which cannot be eaten and which has no nutritive value such as the bones of meat and fish, shells of eggs, skins and seeds of vegetables and fruits, etc.

The feeding of the sick is, without doubt, one of the most important phases of cookery. Kind and quantity of food should vary according to the nature of the illness, the food value and digestibility, of course, to be taken into consideration.

There are several types or classes of diets:

(1) Liquid Diet—should consist of beef tea, beef juice, milk, strained gruel, broths, egg nog, cream soup or cocoa. **NO TEA OR COFFEE.**

(2) Soft Diet—should consist of all dishes in liquid diet, also milk toast, soft cooked eggs, boiled custards, jellies, ice cream, junket, apple sauce, cereals.

(3) Light Diet—should consist of soft cooked egg, baked custard, cream toast, sweet breads, asparagus, scalloped oysters, jellies, baked apples, gelatin, stewed fruits.

(4) Full Diet—should consist of soup, meat, fish, egg, cereals, vegetables, fruits and desserts (that are easily digested).

(5) Special Diet—should consist of special diets outlined and recommended by the physician for special cases.

In many diseases particularly those of a chronic tendency diet is a most important factor in the treatment.

Anemia. In cases of simple anemia, the object is to give foods rich in salts. The diet, therefore, should be mainly composed of rare beef, beef juice, eggs, milk, green vegetables, sweet fruit.

Heart Trouble. Food should be taken in small quantities by those suffering with heart trouble and should be of a kind that digests easily and quickly as stale bread, lean meats, eggs, oysters, and all kinds of soups.

Constipation. A surprisingly large number of people are afflicted with constipation which has a train of other ills following in its wake. Some of the causes of constipation are lack of exercise, lack of sufficient water, too much concentrated food, too few vegetables or too little fruit in the diet, careless habits of eating, too many sour or spicy foods and the eating of indigestible foods. The best laxative fruits are apples, oranges, grapefruit, figs, dates and prunes. Fruits are more laxative when taken between meals or some time before breakfast. Coarse breads, bran, oatmeal and vegetables furnish bulk to the diet which aids in the peristaltic movement of the digestive organs.

Diarrhoea. Those afflicted with this trouble should take scalded milk, barley water and whey.

Fevers. Since protein is essential in tissue repair, it must be given in some form to fever patients and since an abundance of liquid is necessary to quench the thirst and flush the kidneys of the excessive wastes, milk should be administered in as large quantities as can be taken. This may be varied with beef tea and beef broth.

Pellagra. Since recent investigations indicate that pellagra is due to a continued lack of proper food, treatment along the lines of a continued well balanced diet is recommended. This diet should include, particularly, eggs, milk, fresh meats and vegetables.

Stomach Disorders. Feeding is naturally difficult in cases of stomach trouble or disorder and usually such liquid foods as egg, whey, barley water and peptanized milk are allowed.

Never give to any patient even the smallest amount of food that is difficult of digestion.

Food should be carefully and thoroughly cooked.

Hot foods should be hot—cold foods cold.

The service of food should be dainty and attractive.

Variety in kinds of foods whets the appetite for even an invalid. Surprises create appetite.

BUREAU OF CHILD WELFARE**Laurie Jean Reid, R. N., Director****DISTRICT NURSING UNDER THE SHEPPARD-TOWNER ACT**

Although it is desirable to have the districts of such size that a finished piece of work can be done, because of lack of funds another plan had to be adopted and a very interesting start has been made by the four nurses who are covering the state in the Maternal and Infant Hygiene work in Florida. Because the State is largely rural and a demonstration made in one community or county would have little influence in stimulating health work in other parts of the State, it was deemed wise to plan a State-wide piece of work in order that the foundation be laid for a permanent, more extensive service as future appropriation would warrant. The plan was worked out as follows:

The same division of the State for districts for the three white nurses has been made as obtains for the District Health Officers. The colored nurse's district comprises the sixteen counties known as the "Black Belt" in which the greatest number of negroes live. The work covers supervision of midwives and educational work in Maternal and Infant Hygiene. At the present time the field work is carried on as follows: By prearranged plan notifications are sent to all the midwives whose names it is possible to procure through the Local Registrars and various other agencies in the county, telling them to report on a given date to the County Court House for instruction. Through an arrangement with Dr. S. G. Thompson, Director, Bureau of Vital Statistics, the Local Registrars are notified to be present at this meeting. A supply of silver nitrate from the State Board of Health will always be kept by the Local Registrar for free distribution to the midwives. This seems to be the best possible arrangement since it will tie up the midwives more closely with the Registrar and bring about more complete birth registration. Letters are also sent to physicians, public health nurses and any other interested individuals whose names can be procured explaining the mission of the Maternal and Infant Hygiene Nurse and asking their co-operation and assistance in arranging for meetings of groups of women in order to conserve the time of the nurse on her arrival in the county. Each nurse spends approximately one week in a county. This itinerary has been planned so that the State will have been covered one time by the nurses before the State Legislature convenes April 1st, 1923.

There has been no supervision of midwives in this State except in a few of the larger cities having Health Departments and where Health Officers were sufficiently interested. The only state regulation covering midwives up to the present time is one making registration with the Local Registrar in the district in which they live obligatory. Because the State is largely rural, communities far apart and not easy of access from the railroads and the fact that these women who do obstetrical work in their local communities are poor and do not always have means of conveyance, registration of all the midwives must necessarily be a slow process which, however, can and will be accomplished. Midwives meeting is held the first day of the nurse's visit to the county so that during the succeeding days of her visit she may find the delinquent midwives in their homes. The remainder of the nurse's time is taken up in instructive Maternal and Infant Hygiene work confining her talks on her first visit to a county to the following subjects: 1. Prenatal care of the prospective mother; 2. Preparation for and the care that should be given during the natal and lying-in period; 3. The care and feeding of young infants. Home visits and demonstrations of the preparation of modified feed-

ings are made wherever possible and it is surprising how much one nurse can accomplish in a county even when handicapped by lack of transportation, large areas to cover and the illiteracy and indifference of the people to be served. Local committees are formed in each community to serve as a point of contact between the community, the District Nurse and the Division of Maternal and Infant Hygiene in the Bureau of Child Welfare. At present the work of these committees is confined to sending in the names of prospective and young mothers with children so that suitable literature may be sent for their instruction. We have the close co-operation of the Women's Clubs and the Home Demonstration Agents which helps materially in this work.

Tentative plans for the nurses' second tour of their districts include an extension of work with possible clinics. Experience teaches us the futility of attempting pioneer health work beyond the education of the general public therefore we propose to "make haste slowly" and on each successive trip of the nurse to introduce one new constructive feature of health work which will help to build the permanent structure of longer life and better living conditions for mothers and babies.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING DECEMBER, 1922

	Jackson- ville	Tampa	Pensa- cola	Miami	Talla- hassee	Total
Animal Parasites	357	662	31	11	12	1073
Diphtheria	1396	330	186	48	25	1985
Typhoid	118	99	19	24	4	264
Malaria	194	128	19	21	30	392
Rabies	7	5				12
Tuberculosis	191	89	24	23	5	332
Gonorrhoea	156	67	19	27	7	276
Syphilis	980	285				1265
Water: Bact. Ex.		23		2		25
Water: NaCl Cont.				2		2
Milk: Bact.	7	14		10	10	41
Milk: Chem.	7	14	7	20	4	52
Miscellaneous	27	10	8	3	1	49
	<u>3440</u>	<u>1726</u>	<u>313</u>	<u>191</u>	<u>98</u>	<u>5768</u>

Specimen Containers distributed, 2954.

BIOLOGICAL PRODUCTS SENT OUT DURING DECEMBER, 1922

Diphtheria Antitoxin	10,000 Units	176
	5,000 Units	54
Tetanus Antitoxin	10,000 Units	6
	5,000 Units	34
	1,500 Units	106
Schick Tests	10's	7
	100's	42
Toxin Antitoxin	1's	14
	10's	63
Anti Meningococcus Serum		26 Cylinders
Typho Bacterin		118 Packages
Vaccine Virus		1600 Points
Anti Rabic Virus		18 Treatments

BUREAU OF SANITARY ENGINEERING**George W. Simons, Jr., S. B., Chief Engineer****MOSQUITO DAY**

What was probably the first "Mosquito Day" ever held in Florida was that celebrated in Cocoa, Brevard County, Friday, January twelfth, when the citizens of that enterprising city resolved to combat and control the mosquito as a health menace and pest. It was a great success in every particular, due mainly to the efforts and enthusiasm of Mr. Russell A. Field, secretary of the Cocoa Chamber of Commerce. Mr. Field got his "Mosquito Day" inspiration at the Daytona Conference in December; he returned from that Conference determined to start a fight against the mosquito and on January twelfth he shot his initial gun.

At ten o'clock in the morning an address was made to the councils of Cocoa and Rockledge; each body was informed of their respective responsibilities and the part each would play in the program. Each council was requested to pass the model mosquito ordinance and strongly endorse a general plan of campaign. At eleven o'clock the school children were given a mosquito talk in the Victor theater, also shown the moving picture, "Warfare Against the Mosquito." The school children—350 strong—marched in line from the school building to the theater following the Boy Scout troops and the Cocoa City Band. Throughout the line of march appeared appropriate slogan banners such as, "The Mosquito Must Go"; "Do Your Part," etc. At two-thirty a general citizens' mass meeting was held in the Victor Theater, at which time another address was made and again the moving picture shown. At eight o'clock a mass meeting for colored people was addressed in the A. M. E. church, at which time an appeal was made to these people.

The Cocoa program was, indeed, an inspiration, and many other towns in Florida could well follow her lead. Cocoa will organize an Anti-Mosquito League at an early date to carry on intensive control measures throughout the year.

KEY WEST SMOKERS

Key West, our farthest south island city, is lining up to actively combat the mosquito nuisance. She is commencing a most wonderful work under the able direction of Dr. J. Y. Porter, President of the Florida Anti-Mosquito Association, also City Health Officer and Secretary of the Key West Chamber of Commerce. Under the auspices of the latter organizations an enthusiastic, inspiring anti-mosquito demonstration meeting was held in the Strand Theater on Wednesday night, January 10. Dr. Porter succeeded in drawing out a great big crowd—the theater was packed with five hundred or more people who heard the address and saw the motion picture. Following the meeting, Dr. Porter predicted that Key West would soon have an Anti-Mosquito League. Watch Key West!

ANTI-MOSQUITO LEAGUE

St. Petersburg, under the guidance of Dr. Wyman, was the first city to organize an Anti-Mosquito League. The organization was perfected on January 5th, at which time officers were elected and committees appointed. The League will be a potent factor in keeping mosquito control work foremost in the minds of the people of that city. Within two months there will probably be 100 local anti-mosquito leagues, each one having a single purpose and aim to control the mosquito as a health menace.

Live Oak, Madison, Tallahassee, Quincy and Apalachicola are getting in line and during February some constructive mosquito plans will be laid down for the guidance of each community.

MOSQUITO CONTROL VERSUS HOOKWORM ERADICATION

In our enthusiasm to advocate mosquito control work we should not overlook nor neglect that other great health menace in our midst, namely, HOOKWORM. Today this one infection is probably responsible for more disastrous results than any other disease. HOOKWORM can be more easily controlled than any other infection. WHY NOT CARRY ON THE HOOKWORM WORK ALONG WITH OUR MOSQUITO WORK? Privies and more privies—sewers and sewer connections and residential septic tanks answer the problem. Lessen the dangers from soil contamination by the infected discharges of humans—prevent children from becoming infected. Organizations in our several counties and states work hard to prevent and eradicate cattle tick—the average person is keenly and highly interested and concerned over the elimination of tick among his cattle BUT HOW MANY OF THESE SAME PEOPLE ARE CONCERNED SERIOUSLY OVER THE ERADICATION OF HOOKWORM FROM THEIR HUMAN STOCK? As a people, generally speaking, we are vastly more interested in better cattle, better hogs, better horses, better dogs and even cats than we are BETTER BOYS AND GIRLS. OUR SURVEYS SHOW THAT PEOPLE WILL WILLINGLY PAY MONEY TO HAVE TICK FREE CATTLE, BUT THESE SAME PEOPLE WILL KICK LIKE STEERS WHEN AN EFFORT IS MADE TO FREE THEIR COMMUNITY AND ESPECIALLY THEIR CHILDREN OF AN INSECT WORSE THAN TICK—THE HOOKWORM. And, it should not be forgotten, any measure which a community will use to eradicate hookworm will also lower the incidence from such intestinal infections as typhoid.

Some Florida towns should have their names on the roll of honor because of their work to prevent community infection through the means of human wastes. These towns are BARTOW, LAKELAND, PLANT CITY, CLEARWATER, WALDO, PERRY, LAKE CITY, DE LEON SPRINGS, STUART, MIAMI, ORLANDO.

LET'S ALL JOIN HANDS AND TACKLE THE HOOKWORM AND MOSQUITO PROBLEM WITH EQUAL FORCE—by so doing WE can make FLORIDA the HEALTH PARADISE of the WORLD.

NOTES FROM THE DISTRICTS

WEST COAST

A. C. Hamblin, M. D., District Health Officer

On Dec. 11, we began the examination of the school children of DeSoto County under auspices of the clubs of the Arcadia women.

The physicians of the County sacrificing their own time co-operated to the fullest extent in the work.

Doctor Wallace, of Tampa, gave one day in the Tubercular work.

We found in the fifteen hundred children examined twenty-five hundred defects. This work so aroused the citizens that the Kiwanis Club appointed a committee to appear with the Health Officer before the County Commissioners where we obtained a monthly appropriation to enable the establishing of The DeSoto County Health Center with physicians for the correction of defects and a whole time nurse.

The people show a very marked attitude of co-operation and appreciate the beginning of this permanent organization in the welfare work of the children of DeSoto County.

Two localities have been disturbed on account of smallpox as an unpleasant Christmas greeting, but by the very efficient work of Mr. Worden, the Health Officer of Clearwater, and the co-operation of physicians the disease there was nicely controlled and terminal disinfection completed for the new year.

The second in a suburb of Tampa began early enough, but as is too often the case the physician hesitated whether to call it chicken pox or smallpox. Most of the contacts have been immunized and we are not expecting much more trouble.

When doctors are in doubt, if they would "play safe," much annoyance to a community, distress, inconvenience and suffering to their people would be avoided.

A physical examination of the school children of Tavares completed with the average percentage of defects of two for each child.

Simple conjunctivitis and hook worm leads by far in all schools.

Hook worm disease can and should be controlled in Florida.

The mild cases of conjunctivitis will handicap school children until some means is devised to control the Gnats.

EAST COAST

T. A. Blinn, M. D., District Health Officer

Fernandina requested further Schick Testing and immunization of school children and Doctor Blinn made another visit there, testing and immunizing the children of public, private and parochial schools.

* * * * *

Three hundred and sixty children were Schick tested in the South Jacksonville schools and eighty-eight found to be susceptible took immunization treatment. Several of the teachers who took the test proved susceptible and were given toxin-antitoxin.

A County Health Survey was made of Dade County during December, which contains some very interesting public health data.

* * * * *

The Miami City Jail was inspected during December and found to be in fair condition.

* * * * *

The children of Fishweir School, near Jacksonville, were examined and 117 throat swabs taken.

* * * * *

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

MONTHLY FINANCIAL STATEMENT RECEIPTS

Balance from last statement.....	\$ 24,769.96
November, 1922, Receipts.....	3,406.93
Total.....	\$ 28,176.89

DISBURSEMENTS

November, 1922, Disbursements.....	\$ 7,947.89
Balance.....	\$ 20,229.00

Annual Receipts and Disbursements
to December 1, 1922.

RECEIPTS

Balance from 1921.....	\$ 47,416.86
Total receipts in 1922.....	86,345.33
Total.....	\$133,762.19

DISBURSEMENTS

Total Disbursements in 1922.....	\$113,533.19
Balance available December 1, 1922.....	\$ 20,229 00

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D. P. H., Director

REGISTRATION OF BIRTHS

Practically all states have laws specifying the minimum age at which children are admitted to schools. Such laws are based upon the accepted doctrine that children must have some degree of mental and physical development before they are capable of instruction. The only means of ascertaining the real age of the child, in the absence of birth registration is in the statement of the parents.

With the increasing employment of women, thousands of mere infants are being placed in schools on false statement of age. Harm is done to these young children, of course—physical and mental harm—and the public is spending unnecessarily thousands upon thousands of dollars in trying to teach those who are too young to learn.

Those laws found in every civilized community, compelling the education of all children of "school age," are necessarily ineffective without some means of definitely knowing the age of children to whom the laws apply. Such proof is unobtainable in the absence of birth registration.

The child who enters school before the legal age by means of a false certificate, may through that false certificate leave school and engage in labor before the legal age. The perjured oath of the parent enters the child in school when he should be at home; forces him to labor when he should be in school; places upon him a physical and mental handicap which is seldom overcome.

Hence, we find absence of birth registration responsible for the failure of factory inspection and the safeguards which sane laws have attempted to place upon the poor.

In many states the laws are drastic in regard to the employment of children under legal age. The burden of proof of age is placed upon the employer. The employer is liable for violation of the law and the affidavit of parents affords him no immunity if harm comes to the child employed under legal age.

Birth registration is a means of protection to the law-abiding employer of youth.

The employment of children, especially in hazardous pursuits, renders such employment the more dangerous to all concerned. A recent mine disaster involving large loss of life was said to be due to the irresponsible action of two children, employed when under legal age, through perjured certificates of parents.

The laws of the various states draw a sharp distinction between crimes against young girls and illicit relationship with those who have reached the "age of consent." Many criminal cases rest upon the exact age of the injured girl. The girls assaulted are most often poor, ignorant and unprotected and their ages, if births are unrecorded, must be obtained from sources unreliable and easily corrupted. With birth registration, this common means of the miscarriage of justice is definitely disposed of.

The exact date of birth is likewise of great importance at times in the settlement of inheritance. The oft-repeated story of the young man who established his age and saved his inheritance by the common knowledge that he was born on the same day as a certain registered horse, is not a mere figment of imagination. It is a sad commentary, however, upon our lack of birth registration.

The foreign-born citizen, of whom our population is so largely composed, must view with interest the growing agitation of birth registration, since if he returns to the land of his birth with his family, his only guaranty that his children will not be seized for military duty lies in his ability to furnish indisputable proof that they are American-born.

One-third of the blindness of the United States is due to lack of care of the eyes of infants at the time of birth. Health authorities and private agencies are endeavoring to check this preventable blindness especially among the poor. Without prompt birth registration, these efforts are futile.

(Michigan Health Bulletin.)

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
109	Mrs. Nellie H. Doig,	Archer, Fla.
704	Mr. Thos. Meriwether,	Wewahitchka, Fla.
17067	Mr. A. J. Dorman,	Rt. A, Box 109, Jasper, Fla.
3007	Miss Nell Youngblood,	Parrish, Fla.
30077	Mr. A. J. Stewart,	R. F. D. 1, Box 7, Verna, Fla.
3102	Mr. C. G. Leitner,	Box 24, Dunnellon, Fla.
38147	Mr. Edward Roberts,	Odessa, Fla.
4602	Mr. T. H. Wicker,	Coleman, Fla.
5202	Dr. Geo. W. Carter,	Caryville, Fla.

HERE AND THERE

The services of six thousand dentists from all parts of North America have been enlisted in the fight against cancer which kills ninety thousand people each year. It is understood that arrangements are rapidly being formulated by Doctor M. M. Prince, Secretary of the Chicago Dental Society, and, with the co-operation of dentists throughout the country, it is believed that from fifty to seventy-five per cent of patients having cancerous degenerations of the mouth can be cured.

* * * * *

Since the supervision of midwives was started during the latter part of September, 1922, over thirteen hundred and thirty-six midwives, both colored and white, have been interviewed.

* * * * *

During the past three months over sixteen thousand pamphlets have been distributed from the State Board of Health including FLORIDA HEALTH NOTES.

* * * * *

Each case of a communicable disease in a city threatens the welfare of every citizen. Each case of tuberculosis or of typhoid fever is to some degree a menace to every uninfected person.

TABLE NO. 10 Deaths and Death Rates (exclusive of Stilldeaths)
for Cities having over 2,500 Population by
Color, for the Calendar Year 1921.

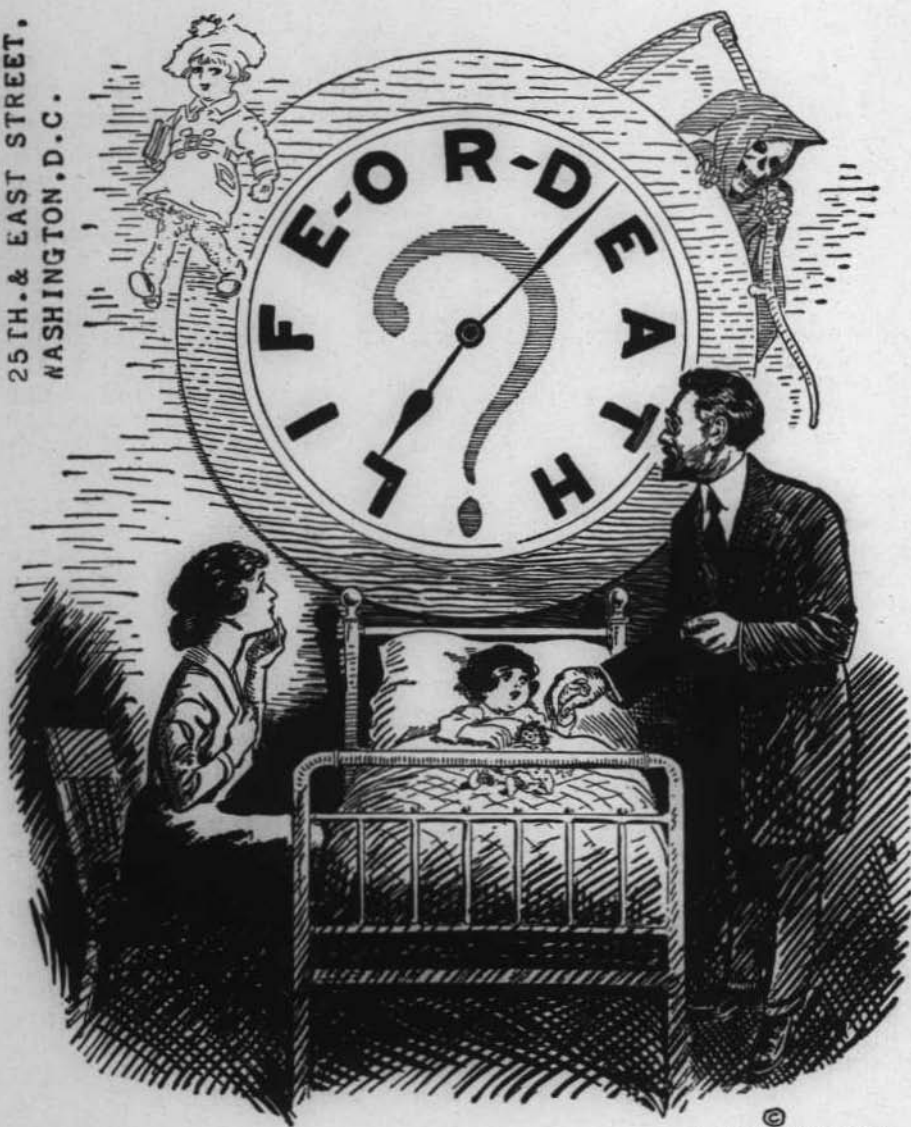
Cities over 2,500 Population	Total Deaths	Rate per 1000 Pop.	White Deaths	Rate per 1000 Pop.	Col. Deaths	Rate per 1000 Pop.
STATE	11,764	11.8	7,002	10.6	4,762	14.0
Apalachicola	31	10.1	17	10.5	14	9.7
Arcadia	67	17.9	50	16.9	17	21.6
Bartow	36	8.1	30	9.5	6	4.7
Bradentown	52	12.5	36	11.7	16	14.8
Daytona	91	15.7	58	18.2	33	12.6
DeLand	58	17.0	42	19.3	16	13.1
Fernandina	52	9.3	20	7.2	32	10.7
Fort Myers	48	12.4	39	13.1	9	10.1
Gainesville	81	11.6	45	11.3	36	12.0
Jacksonville	1,462	15.1	642	12.0	820	18.8
Key West	265	14.1	176	12.0	89	21.9
Kissimmee	33	11.8	21	9.7	12	18.6
Lake City	25	7.5	17	9.3	8	5.3
Lakeland	162	21.4	114	19.3	48	28.8
Live Oak	28	9.2	15	8.9	13	9.1
Miami	525	15.8	308	13.4	217	21.0
Ocala	114	22.8	49	16.9	65	31.0
Orlando	213	21.1	162	22.2	51	18.0
Palatka	84	15.8	31	12.2	53	19.2
Pensacola	408	12.7	230	10.6	178	16.7
Plant City	58	14.8	41	14.7	17	14.9
Quincy	24	7.7	14	11.3	10	5.3
St. Augustine	146	23.2	95	21.2	51	27.9
St. Petersburg	266	16.9	205	15.6	61	23.7
Sanford	104	17.7	41	12.6	63	23.7
South Jacksonville	33	10.9	24	8.5	9	42.4
Tallahassee	114	19.9	37	12.4	77	27.9
Tampa	689	12.8	468	11.2	221	18.7
West Palm Beach	163	16.8	107	18.4	56	14.4
West Tampa	74	8.5	52	6.7	22	25.4

TABLE NO. 11 Births and Birth Rates (Exclusive of Stillbirths)
for Cities having over 2,500 Population, by
Color, for the Calendar Year 1921.

Cities over 2,500 Population	Total Births	Rate per 1000 Pop.	White Births	Rate per 1000 Pop.	Col. Births	Rate per 1000 Pop.
STATE	22,074	22.1	15,211	23.0	6,863	20.0
Apalachicola	83	27.1	47	29.0	36	24.9
Arcadia	81	21.6	70	23.7	11	14.0
Bartow	108	24.3	82	26.0	26	20.2
Bradentown	68	16.3	55	17.8	13	11.9
Daytona	98	16.9	69	21.6	29	11.1
DeLand	74	21.7	47	21.6	27	22.0
Fernandina	62	10.8	28	10.1	34	11.4
Fort Myers	95	24.5	72	24.2	23	25.9
Gainesville	150	21.5	118	29.7	32	10.7
Jacksonville	2,170	22.5	1,288	24.2	882	20.1
Key West	507	27.1	379	25.8	128	31.6
Kissimmee	72	25.7	60	27.7	12	18.6
Lake City	41	12.3	31	16.9	10	6.6
Lakeland	246	32.5	214	36.2	32	19.2
Live Oak	29	9.3	22	13.1	7	4.9
Miami	1,077	32.4	555	24.7	522	50.6
Ocala	112	22.4	68	23.5	44	21.0
Orlando	285	28.2	213	29.3	72	25.5
Palatka	146	27.5	79	31.0	67	24.3
Pensacola	744	23.0	557	25.8	187	17.6
Plant City	109	27.8	74	26.5	35	30.7
Quincy	42	13.5	35	28.3	7	37.3
St. Augustine	117	18.6	75	16.8	42	23.0
St. Petersburg	233	14.8	179	13.6	54	20.1
Sanford	170	28.8	95	29.3	75	28.2
South Jacksonville	69	22.8	66	23.4	3	14.2
Tallahassee	112	19.6	52	17.4	60	21.7
Tampa	1,204	22.5	979	23.3	225	19.0
West Palm Beach	235	24.2	158	27.1	77	19.8
West Tampa	223	25.7	200	25.6	23	26.5

"SUSPICIOUS SORE THROAT?"—ACT QUICKLY

LIBRARIAN HYGIENIC,
LABORATORY,
25TH. & EAST STREET,
WASHINGTON, D.C.



©
(HEALTH CARTOON SERVICE)

If case is clinically Diphtheria take swabs
and give Antitoxin at once.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
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VOL. 15

MARCH, 1923

NO. 3

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

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EYE CARE

Notwithstanding the fact that the eye is one of the most important organs of the body, it is neglected more than any other. Through this organ of vision, the light and images from the outer world are received and transmitted to the visual centers in the brain by means of nerve fibres.

Sight is the most cherished of the five senses and its abuse may be usually attributed to thoughtlessness or ignorance.

A greater appreciation of the care of the eyes is necessary. This, together with the added knowledge that a large majority of the human race suffers from defective vision which is remedial if taken care of in time, will alleviate much inefficiency and suffering.

Care of the eye should begin at birth. In many states, the law requires that a solution of silver nitrate be placed in the eyes of the new born infant to prevent ophthalmia neonatorum ("Infected eyes"—"Blindness of the new born").

Ophthalmia neonatorum is characterized by severe pain, swelling of the eye lids and a copious discharge of contagious pus. The chief risks from this infection are adhesion of the eyelid and eyeball, opacity, ulceration of the cornea and sometimes perforation. Treatment is generally successful if the case is attended by a competent physician while the cornea is still clear.

A mother who fails to take her child, who has "watery" or inflamed eyes, to a physician promptly, courts total blindness for the child as well as eternal misery and suffering for herself.

Trachoma and follicular conjunctivitis is most frequent among children of school age. The former, which is sometimes called "granular lids," occurs both in acute and chronic forms. It is extremely infectious and although somewhat widespread usually affects only children who are in poor health and who live in unhygienic surroundings. Swollen lids, reddened conjunctiva, scalding tears, throbbing pains in the brow and temple and continued discharge are some of the symptoms of the acute form. The chronic form is evidenced by pain, not as intense as in the acute form, roughened conjunctiva, redness and some inflammation.

So prevalent is trachoma in some of the larger cities, that health authorities have found it necessary to promulgate and enforce most stringent rules and regulations and to treat children, infected, in the schools, in an effort to check the rapid spread of the disease.

Follicular conjunctivitis is characterized by small, pinkish prominences, usually in rows in the conjunctiva of the lids. The disease, which is troublesome and lasts sometimes for months, is treated, generally, with prescribed stimulating and antiseptic applications and general hygienic measures.

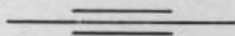
The importance of eye care should be stressed among workers in factories, particularly garment makers and clerks in stores and offices. Suitable attention should also be paid to special hazards and eye strain encountered in various industrial occupations.

ADMINISTRATION**Continued****EYE CARE (continued)**

Human efficiency is believed to be more dependent upon good eyesight than any of the senses. If such is the case and taking into consideration that defective eyesight necessitates the use of extra nerve energy, the waste of this nerve energy diminishes human efficiency by lessening the normal nerve supply.

With a little care and attention given to the small "cogs" and "wheels," the human "machine" will not break down.

GOOD EYESIGHT IS A PRICELESS TREASURE.

**NOTES FROM THE DISTRICTS****West Florida**

F. A. BRINK, M. D., DISTRICT HEALTH OFFICER

Four hundred thirty smallpox vaccinations were performed during January. These were in counties where cases of smallpox had recently occurred. Two of the persons, living in the home with a smallpox patient, are known to have developed smallpox because the vaccination was too long delayed.

The towns around St. Andrews Bay in Bay County are planning to have no more diphtheria. Nearly a thousand school children have taken the Schick test and the reactors are taking their three "shots." Local physicians are immunizing the younger children.

What a pity that some people wait until there is imminent danger before taking steps to protect themselves from disease. Typhoid, smallpox and diphtheria can now be prevented by protective inoculations and we can take our choice between the relatively inconsequential preventive measure and the danger of these serious diseases.

BUREAU OF DIAGNOSTIC LABORATORIES**B. L. Arms, M. D., Director**

READ AS AN ADDRESS OF CHAIRMAN BEFORE THE LABORATORY SECTION OF THE
AMERICAN PUBLIC HEALTH ASSOCIATION AT THE FIFTY-FIRST
ANNUAL MEETING, CLEVELAND, OCTOBER 16, 1922

Each of the inhabitants of this dear old world of ours was permitted to take his place in the order of life to make the world a better and safer place in which to dwell. The chairman of a section of an association is given a wide latitude in the choice of a subject and it is wise to occasionally take account of stock.

Many years ago there was sent to a member of the staff in the laboratory of the Boston Health Department a little phrase that was adopted as the laboratory motto and it surely applies to all laboratory work and workers with equal force: "It's the little things that count."

There is one that is shorter but includes the above and many others. I have selected this as indicating what I feel the laboratory section of the American Public Health Association, and what the individual worker, whether he be in a large and powerful laboratory like the Hygienic Laboratory, Rockefeller Institute or the Research Laboratories of the New York City Health Department, where all phases of laboratory work can be carried on, or in a small laboratory located away from the centers, should stand for, and that is **SERVICE**.

A great many of our members are so situated that they can do research work that may benefit mankind and place their names alongside those of Jenner, Pasteur, Koch, Ross, Reed, Carroll and many others who have done so much to prolong life and prevent illness. We are fortunate in having as active members of this section several whose names will ever be grouped in the archives of preventive medicine with those mentioned above and every one of these has won that place by **SERVICE**.

Those of us not so situated still have the opportunity to serve, and by giving our best can render aid to humanity, and it should be the aim of each of us to so live that when our task is laid down the world will have benefited by the **SERVICE** we have rendered during our lifetime. Probably all of us in those public health laboratories that are so hampered by lack of funds that personnel for research is impossible have been told that our work is simply routine, but is it?

True it may be if it is so considered, but, if we will only realize that back of every examination we make for diphtheria, typhoid, malaria, tuberculosis, intestinal parasites, etc., there is a human being and that frequently human life depends on our examinations, I fail to see how our work can truly be called simply routine. When we can see no farther than the specimen under the microscope or in the test tube, forgetting the human side of our profession, are we really giving **SERVICE** and are we doing ourselves and our employers—the public—justice?

The laboratory worker has a real place to fill and we have a splendid and capable corps of men and women engaged in all branches of public and private health endeavor.

Public health administrators all over the world are depending more and more on laboratory work to guide them in their endeavors to limit the spread of disease and, what is far more important, to prevent the occurrence of infection. Consider for a moment the extensive work carried on by the

BUREAU OF DIAGNOSTIC LABORATORIES**Continued**

International Health Board in the endeavor to render SERVICE to mankind and how dependent that task is on laboratory results.

The diagnostic examinations in state and city laboratories every day make a total of great size, which is greatly increased by those made in hospital and private laboratories. All water and milk supplies are guarded by laboratories and thus far we have only mentioned public health laboratories.

Every biological house maintains a laboratory, for all their products must be carefully tested and standardized before being placed on the market, and as a great majority of the biological products are produced by firms also manufacturing drugs and chemicals, we might add here that they too require laboratory standardization before they are offered for sale. Aside from tests to standardize products many of these firms employ a staff of chemists, bacteriologists and serologists to work out new aids to diagnosis and treatment.

When the war stopped the importation of many drugs, dyes and other chemicals the laboratories of this country immediately turned their attention to this matter. They solved many of the problems and furnished us with the required material.

Biological and certain other products must meet the requirements of the laboratory of the firm producing them, and when intended for interstate use they must also pass the examinations of the Hygienic Laboratory, which keeps a supervision over the products after they have been put in circulation by obtaining, from time to time, samples in the open market. The Hygienic laboratory has been a great asset ever since its inception, due in great measure to the directors and personnel who have gained the complete confidence of the people of this country.

There are many lines of business absolutely dependent on laboratory tests for the results desired and many a business has been revolutionized by the laboratory worker. In fact today, the majority of businesses are directly or indirectly dependent on laboratories for the examination of their output or of materials purchased, or both. If we consider the increased demand for laboratory workers in the past two decades as an indication of what the future may be, and some of us can testify that twenty years is but a very short time, we must realize that the laboratory has a great part to play in the future welfare of the world.

That laboratory workers could be a mighty power for destruction was thoroughly demonstrated in 1914-1918, and they have as great a power in conservation of life as they had in its destruction. Think of the lives saved by the use of vaccine virus, diphtheria and tetanus antitoxin, anti-typhoid vaccine and other biological products on the one hand, and those on the other hand saved by the investigations of the chemists who gave us, for example, 606, the coal tar synthetics, etc. Again it was through laboratory work that we have had all the advances in surgery, both as regards technic and the development of antiseptics, asepsis and later a return to antiseptic treatment of wounds.

As there may be some present who have not considered how recent was the beginning of aseptic surgery, let me mention the fact that many are now present in this audience who remember events that took place before aseptic surgery was first introduced, while present day aseptic surgical technic has come into its own within the memory of all here present, and laboratory tests were the determining factors in this elaboration. It is true "It's the little things that count" but it is a fact that the keynote of our profession may be summed up in a single word—SERVICE.

REPRINTED FROM JANUARY, 1923, ISSUE OF THE AMERICAN JOURNAL
OF PUBLIC HEALTH

BUREAU OF DIAGNOSTIC LABORATORIES

Continued

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING JANUARY, 1923

	Jackson- ville	Tampa	Pensa- cola	Miami	Talla- hassee	Total
Animal Parasites	516	480	19	20	21	1056
Diphtheria	539	206	189	57	10	1001
Typhoid	141	141	39	19	7	347
Malaria	252	170	21	20	36	499
Rabies	22	6				28
Tuberculosis	192	92	22	47	7	360
Gonorrhoea	199	91	41	47	3	381
Syphilis	1159	326				1485
Water: Bact. Ex.		26	3	25		54
Water: NaCl Cont.				25		25
Milk: Bact.	13	14	27	162	1	217
Milk: Chem.	15	15	2	368	1	401
Miscellaneous	33	13	12	1		59
	3081	1580	375	791	86	5913

Specimen Containers distributed, 3324.

BIOLOGICAL PRODUCTS SENT OUT DURING JANUARY, 1923

Diphtheria Antitoxin	10,000 Units	162
	5,000 Units	55
Schick Tests	10's	32
	100's	87
Toxin Antitoxin	1's	15
	10's	59
Tetanus Antitoxin	5,000 Units	10
	1,500 Units	102
	10,000 Units	16
	20,000 Units	4
Anti Meningococcus Serum		8 Cylinders
Typho Bacterin		378 Packages
Vaccine Virus		1869 Points
Anti Rabic Vaccine		13 Treatments

BUREAU OF CHILD WELFARE**Laurie Jean Reid, R. N., Director****THE LAND OF UNBORN BABIES**

In Maeterlinck's play, "The Blue Bird," you see the exquisite land—all misty blue—where countless babies are waiting their turn to be born. As each one's hour comes, Father Time swings wide the big gate. Out flies the stork with a tiny bundle addressed to Earth.

The baby cries lustily at leaving its nest of soft, fleecy clouds—not knowing what kind of an earthly "nest" it will be dropped into. Every baby cannot be born into a luxurious home—cannot find awaiting it a dainty, hygienic nursery, rivalling in beauty the misty cloud land. But it is every child's rightful heritage to be born into a clean, healthful home where the Blue Bird of Happiness dwells.

As each child is so born—the community, the nation, and the home are richer, for just as the safety of a building depends on its foundation of brick and concrete so does the safety of the race depend on its foundation—the baby. And just as there is no use in repairing a building above, if its foundation be weak, there is no use in hoping to build a strong civilization except through healthy, happy babies.

Thousands of babies die needlessly every year. Thousands of rickety little feet falter along Life's Highway. Thousands of imperfect baby eyes strain to get a clear vision of the wonders that surround them. Thousands of defective ears cannot hear even a mother's lullaby. And thousands of physically unfit men and women occupy back seats in life, are counted failures—all because of the thousands and thousands of babies who have been denied the birthright of a sanitary and protective home.

So that wherever one looks—the need for better homes is apparent. And wherever one listens can be heard the call for such homes from the Land of Unborn Babies.

The call is being heard—by the schools and colleges that are establishing classes in homemaking and motherhood;

By public health nurses and other noble women who are visiting the homes of those who need help and instruction;

By the hospitals that are holding Baby Clinics;

By towns and cities that are holding Baby Weeks and health exhibits;

By magazines and newspapers that are publishing articles on prenatal care;

By the Florida State Board of Health and the United States Public Health Service, by the eradication of venereal diseases, through educational, legal and medical measures, which through heredity, cause mentally deficient children, blindness, deformities and insanity in all its horrors and much sickness, suffering and death, all largely due to ignorance and false modesty on the part of the parents;

By Congress that has passed the Mothers and Babies Act, under which health boards in every State will be called upon to give information to expectant mothers.

All this is merely a beginning. The ground is hardly broken for the Nation's only safe foundation—healthy babies—each of whom must have its rightful heritage—an even chance—a healthy body.

BUREAU OF CHILD WELFARE

Continued

THE LAND OF UNBORN BABIES (Continued)

This call will not be answered until every mother, every father and every community helps to make better homes in which to welcome visitors from the Land of Unborn Babies.

The problem of America today is "The problem of her children." More than 100,000 babies die unnecessarily each year, while half a million American children face in our schools a false learning that will fit them not more than one to ten for the place they will occupy in life.

(ANONYMOUS)

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

MONTHLY FINANCIAL STATEMENT RECEIPTS

Balance from last statement.....	\$ 20,229.00
December, 1922, Receipts.....	17,079.47
Total.....	\$ 37,308.47

DISBURSEMENTS

December, 1922, Disbursements.....	\$ 9,808.46
Balance.....	\$ 27,500.01

Annual Receipts and Disbursements
to December 31, 1922.

RECEIPTS

Balance from 1921.....	\$ 47,416.86
Total receipts in 1922.....	103,424.80
Total.....	\$150,841.66

DISBURSEMENTS

Total Disbursements in 1922.....	\$123,341.65
Balance January 1, 1923.....	\$ 27,500.01

HERE AND THERE

Milk, cheese, turnips, oranges and certain nuts, notably almonds, are rich in lime content and are, therefore, valuable foods for growing children. And don't forget the milk.

(C. S. of S. I.)

* * * * *

Outdoor air is good air, no matter if the weather be cold or hot. Go properly clad, but get out in the open all you can.

(C. S. of S. I.)

* * * * *

Every case of typhoid fever is caused by swallowing the germs which came from a previous case of the disease. All the discharges from a person ill with typhoid fever are full of these germs.

* * * * *

There is no greater public problem than that of conserving the health of the people, raising the standards of living and the preservation of human lives.

* * * * *

The health of the community should be of greater concern than commercial prosperity, for it is essential to commercial prosperity. Necessary as are our courts, our fire and police departments, and our educational systems, the importance of the community's attention to the citizen's health is second to none.

"TOO BUSY to attend to these little matters," was the excuse offered by two Clay County physicians when they were arrested for failure to report the births they attended. They had also been "too busy" to attend a medical society. They pleaded guilty to the charges of failure in reporting births, paid their fines with cost to the state and promised hereafter to take time at the right time to furnish prompt and complete reports of all births and deaths they attend.

(Indiana Monthly Bulletin)

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
14087	Mr. A. G. Bolton,	Bay Springs, Fla.
25137	Mr. Alfred Dickinson,	Bonita Springs, Fla.
2801	Mr. Alex Sikes,	Hosford, Fla.
3108	Mr. J. D. Walling,	Weirsdale, Fla.
5401	Mr. R. P. Fletcher,	Okeechobee, Fla.
6002	Mr. F. L. Ziegler,	Woodmere, Fla.

BUREAU OF ENGINEERING**George W. Simons, Jr., Chief Sanitary Engineer****WATER**

Next to air, water is most necessary to the maintenance of life and health. Water is an essential of diet. As Aristotle has well stated, "The greatest influence in health is exerted by those things which we most freely and frequently require for our existence and this is especially true of water and air." Not alone is it sufficient to say that water is necessary, but this should be further qualified by saying, water free from contamination or infection. Water in its passage over and through the soil comes in contact with so many things it is often liable to carry infection, sometimes of a very serious nature.

Disease germs, which get into the body and multiply there producing such diseases as typhoid fever, dysentery, etc., pass from the bodies of the persons afflicted with the disease, and only from their bodies. When carelessness, ignorance or indifference prevails these infections sometimes get into the water supply—the well, spring, lake—and thereby transmit the infection from one to many. **THE WASTE PRODUCTS OF BODIES MUST BE KEPT AWAY FROM WATER SUPPLIES—WATER MUST BE KEPT PURE.** Too great care cannot be exercised in selecting and providing a water supply, especially as pertains to the location of the supply. **NO SUPPLY SHOULD BE SO LOCATED THAT HUMAN OR ANIMAL FILTH CAN GAIN ACCESS.**

Water supplies can be divided into two general groups, (a) underground supplies and (b) surface supplies. The former are made available through (1) driven, dug, drilled or bored wells and springs, while the latter are made available through (2) cisterns, lakes, ponds and rivers. Few surface supplies are used in Florida as sources of water supply. In Florida, underground sources are most common for both individual and community uses. The driven, bored or dug well is used in the former instance and the deep drilled well in the latter. In central Florida two cities secure their municipal supplies from lakes, but in each instance the water is treated and made safe before being distributed to the consumers.

Shallow driven point wells are unable to draw water from more than 15 to 20 feet and in many instances from a lesser depth. As the water reservoir is near the ground surface a shallow well is liable to pollution by seepage through the soil. The movements of the pipe in pumping frequently provide channels for surface water leakage. Such a well should be located as far as possible from any barn, manure pile, cow lot or pig sty—never less than 100 feet. At the ground surface and surrounding the well there should be constructed a slightly elevated platform of impervious material about 4 to 10 feet square and raised 6 to 8 inches off the ground with a close fitting metal collar securely fastened around the drive pipe. The earth should be mounded up to slope away from the platform. Such an arrangement will prevent surface drainage contamination. **MANY SHALLOW WELLS ARE CONTAMINATED IN THIS MANNER.** The pump should always be kept clean and frequently flushed with boiling water. **CONTAMINATION OF DRIVEN WELL WATERS IS OFTENTIMES DUE TO DIRTY PUMPS.**

Of the wells used in rural districts, and especially at rural schools, **THE OPEN DUG WELL IS THE MOST SUSCEPTIBLE TO CONTAMINATION** and therefore is the one to be most feared. **SHALLOW, UNPRO-**

BUREAU OF ENGINEERING

Continued

TECTED DUG WELLS ARE SERIOUS HEALTH MENACES AND SHOULD BE ELIMINATED. The "Old Oaken Bucket" is familiar to all, but the chances are it is badly polluted and is a potential danger to all users. Dug wells are most always poorly protected at the ground surface and during periods of rain, streams of surface drainage trickle from the open back privy or pig sty into the "cool, pure, sparkling" drinking water. All dug wells, if used at all, should be securely protected against ground water contamination from the surface—the ground around the well should be mounded up and the well curb carried sufficiently above the ground to prevent surface wash from getting into the well.

One sometimes becomes suspicious of the purity of the well water being used and would hesitate to drink it. Boiling water for a few minutes will destroy disease organisms but give the water a flat insipid taste objectionable to many people. Instead of boiling, disinfection by hypochlorites may be resorted to.

An otherwise pure water is oftentimes contaminated by carelessness in handling. The use of the common drinking cup and bucket of water presents one way of tainting a good water. Too frequently are buckets of water with the common drinking cup found in the rural schools of Florida. Common drinking cups are everywhere condemned and thrown out of use. Every child in school should be provided with his or her own drinking cup.

MOSQUITO DAYS

And still the good work persists. Fast Florida is acquiring a state-wide consciousness for mosquito control enterprises. The attitude being developed is wonderful and encouraging. Recently LIVE OAK, APALACHICOLA, RIVER JUNCTION and TALLAHASSEE started work. Now comes the word that SARASOTA, BARTOW, BRADENTOWN, SANFORD, LEESBURG, EUSTIS, GAINESVILLE, PALATKA, and PANAMA CITY will commence active fights. KEEP THE GOOD WORK UP—THE FLORIDA SPIRIT IS ASSERTING ITSELF.



On these pages is shown a little picture of a school children's parade—a PARADE DEDICATED TO THE PASSING OF THE MOSQUITO. This picture was taken during the MOSQUITO DAY program at COCOA when all the school children of that east coast community marched behind the town band from the school to the local theater to hear the mosquito lecture. Appropriate slogan banners were carried throughout the parade. HOORAY for COCOA! As far as we are able to learn this is the first parade of this particular character ever held in Florida. JUST ANOTHER INDICATION OF THE NEW FLORIDA SPIRIT.

Down in St. Petersburg there is a retired physician, Dr. J. H. Paine. Dr. Paine knows what mosquito control means; he is one of Dr. Wyman's mainstays in the Anti-Mosquito League of St. Petersburg. Dr. Paine recently donated fifty dollars to the cause of mosquito control in that city. LET'S HAVE MORE PUBLIC SPIRITED CITIZENS LIKE DR. PAINE who are not afraid to put forth in order to get comfort, health and happiness in Florida.

The next meeting of the FLORIDA ANTI-MOSQUITO ASSOCIATION will be held in ST. PETERSBURG during the third week of MARCH. EXACT DATES WILL BE PUBLISHED LATER.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

"No health department, State or local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring."

MORBIDITY

Notification of 1,195 Cases of Sickness has been received during January as compared with 772 for the same month last year.

Diseases	Total Cases	By Weeks January 1923				Weekly avg. for 5th. Jan. 1922	
		1st.	2nd.	3rd.	4th.	5th.	Jan. 1922
Anthrax	1	0	0	1	0	0	0
Cancer	5	2	1	1	1	0	0 A
Chancroid	9	0	2	4	2	1	4
Chicken Pox	46	2	7	5	22	10	5
Dengue	13	3	5	5	0	0	0 A
Diphtheria	48	5	9	6	18	10	17
Dysentery	3	1	1	0	1	0	1
Epi. Meningitis	1	0	1	0	0	0	0 A
Gonococcus	114	13	8	43	23	27	37
Hookworm	91	1	1	4	78	7	5
Influenza	473	56	87	71	100	159	9
Leprosy	1	0	0	1	0	0	0
Malaria	29	2	4	5	13	5	5
Measles	13	0	3	6	2	2	4
Mumps	4	0	0	1	1	2	1
Pellagra	2	0	1	0	1	0	1
Pneumonia	48	5	9	8	12	14	4
Scarlet Fever	13	1	1	4	5	2	4
Small Pox	55	4	13	22	10	6	8
Syphilis	144	16	4	39	55	30	35
Tetanus	1	0	0	0	1	0	0 A
Tuberculosis	30	5	2	6	8	9	28
Typhoid Fever	38	6	6	14	6	6	11
Whooping Cough	13	0	2	0	10	1	2

A—Less than one.

B—More than one but less than two.

BUREAU OF VITAL STATISTICS

Continued

Reported Cases of the following diseases for January, 1923:

Counties	Ty-phoid	Mal-aria	Small Pox	Diph-theria	Influ-enza	Hook-worm	Sy-philis	Gonor-rhoea
STATE	38	29	55	48	473	91	144	114
Alachua	1	..	1	..	..	1	..	..
Baker .....	..	..	..	..	3	..	1	..
Bay	2	..	..	2	..	1	..	4
Bradford .....	..	..	..	1	2	..	..	..
Brevard .....	..	..	..	..	60	..	..	..
Broward .....	..	..	..	..	17	..	..	..
Calhoun .....	..	..	..	..	..	..	..	..
Charlotte .....	..	..	..	..	..	..	..	..
Citrus .....	..	..	..	..	..	..	..	..
Clay .....	..	..	..	..	..	..	..	..
Columbia	2	..	..	..	30	..	..	..
Dade .....	..	..	..	1	40	..	4	3
DeSoto .....	..	..	..	..	..	..	..	..
Dixie .....	..	..	..	..	..	..	..	..
Duval	5	12	7	13	132	1	113	78
Escambia	6	..	..	2	1	2	..	4
Flagler .....	..	..	..	..	..	..	..	..
Franklin	2	..	..	..	..	..	..	..
Gadsden	2	1	..	..	44	1	..	..
Glades .....	..	..	..	..	..	..	..	..
Hamilton .....	..	..	..	2	..	..	..	..
Hardee	1	..	..	..	..	2	..	..
Hernando .....	..	..	..	..	..	..	..	..
Highlands .....	..	..	..	..	..	..	..	..
Hillsboro	8	5	8	10	28	..	18	10
Holmes .....	..	..	..	5	5	..	..	..
Jackson .....	..	..	..	..	..	..	..	..
Jefferson .....	..	..	..	..	..	1	..	..
Lafayette .....	..	..	..	..	..	..	..	..
Lake .....	..	..	..	1	..	..	..	..
Lee .....	..	..	..	..	..	..	..	..
Leon .....	..	..	1	..	..	..	..	..
Levy	1	1	..	..	..	1	..	1
Liberty .....	..	..	..	..	..	..	..	..
Madison .....	..	..	7	..	..	..	..	..

BUREAU OF VITAL STATISTICS

Continued

Reported Cases of the following diseases for January, 1923:

Counties	Ty- phoid	Mal- aria	Small Pox	Diph- theria	Influ- enza	Hook- worm	Sy- philis	Gonor- rhea
Manatee		2	1	..	..	1	1	..
Marion	1	..	..	..	..	..	2	..
Monroe .....	..	..	..	..	..	..	..	..
Nassau .....	..	..	..	..	..	..	..	..
Okaloosa .....	..	..	..	..	..	..	..	..
Okeechobee .....	..	..	..	..	..	..	..	..
Orange .....	..	..	1	3	..	..	1	3
Osceola .....	..	..	..	..	..	..	..	..
Palm Beach .....	..	..	..	..	23	..	..	..
Pasco	1	..	..	1	2	2	..	..
Pinellas	1	3	24	5	30	..	2	2
Polk	2	3	..	..	..	1	..	1
Putnam	1	..	..	..	8	..	..	..
St. Johns .....	..	..	..	..	4	..	..	1
St. Lucie .....	..	..	2	..	..	1	..	1
Santa Rosa	2	1	1	..	..	..	..	1
Sarasota .....	..	..	..	..	..	..	..	..
Seminole .....	..	1	..	..	33	1	2	..
Sumter .....	..	..	..	..	..	..	..	..
Suwannee .....	..	..	1	..	..	73	..	..
Taylor .....	..	..	..	..	..	..	..	..
Union .....	..	..	..	1	11	..	..	..
Volusia .....	..	..	..	1	..	2	..	5
Wakulla .....	..	..	1	..	..	..	..	..
Walton .....	..	..	..	..	..	..	..	..
Washington .....	..	..	..	..	..	..	..	..

Cities (Following figures are included with County Totals):

Jacksonville	5	10	7	11	118	..	113	77
Tampa	7	5	2	7	23	..	13	7
Miami .....	..	..	..	1	38	..	4	3
Key West .....	..	..	..	..	..	..	..	..

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one, but if the latter, you and your family are not receiving proper protection.

WHICH DO YOU PREFER?



I PREFER VACCINATION.

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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VOL. 15

APRIL, 1923

NO. 4

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

CALVIN T. YOUNG, M. D. President, Plant City
HON. CHAS. H. MANN Jacksonville
F. CLIFTON MOOR, M. D. Tallahassee

ADMINISTRATION**Raymond C. Turck, M. D., State Health Officer****MOSQUITO ERADICATION VS. MOSQUITO CONTROL**

Never before has the State Board of Health attacked a more stupendous and important problem than that of Mosquito Control. It is a problem vital to every citizen, organization and community; today the mosquito is considered the greatest murderer of the ages. The downfall of Rome was due to mosquito borne infections and likewise other great disasters. In our days of development and prosperity we do not court disaster; therefore, we preach **PREVENTION BY CONTROL**.

Mosquito control is **POSSIBLE, PRACTICABLE AND FEASIBLE** regardless of what many who know little of such endeavors seem to think. The public is prone to criticize, ridicule and look with disfavor upon any efforts directed toward mosquito work when considered as **MOSQUITO EXTERMINATION**. We do not promise nor do we preach **MOSQUITO EXTERMINATION**; **MOSQUITO EXTERMINATION IS CONSIDERED IMPOSSIBLE**. However, by controlling fresh water mosquito breeding places within a reasonable radius of a town site, traces of disease from mosquitoes can be eliminated.

There is fast being created in Florida a community consciousness demanding **MOSQUITO CONTROL**, and a community not engaging in this great work will not be classed among the **ALERT AND PROGRESSIVE**.

The Florida mosquito problem is divided into two parts, one having to do with the control of those economic species breeding in brackish water, the other with the control of the fresh water species. The tremendous magnitude of the former problem can only be comprehended, to a degree, when one visualizes nearly fourteen hundred miles of coastal fringe with its many acres of salt marsh and mangrove swamp. No serious effort, however, has yet been made to commence active salt marsh or mangrove swamp control.

It must be understood that **MOSQUITO CONTROL** work cannot be done in a single day or by a single demonstration, but, it requires years of determination and earnest effort. **MOSQUITO CONTROL** activities are not only of vital health significance but also possess an immense **ECONOMIC VALUE**. It is admitted that **MOSQUITO EXTERMINATION** is practically hopeless at this time **BUT MOSQUITO CONTROL IS POSSIBLE**. The latter is our primary problem. No single argument can be more effective in pointing out the value of control measures than the results obtained from the experiment at Perry, Taylor County, Florida, during 1920-1921.

MOSQUITO CONTROL may be started on the most minute scale whereas mosquito extermination would require vast sums of money, with no assurance of complete extermination.

Mosquito control begins with the individual householder, each householder being responsible for conditions around his or her premises. The control measures are simple and inexpensive; however, the control programme must have the enthusiastic and whole-hearted support of each individual in the community. From the individual, the programme next assumes the community as a whole and finally that designated area outside the corporate limits of the town. The Model Mosquito Ordinance, approved and recommended by the State Board of Health, is a control programme in itself and, when adopted and duly enforced, through its provisions **MOSQUITO CONTROL** is possible.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING FEBRUARY, 1923

	Jackson- ville	Tampa	Pensa- cola	Miami	Talla- hassee	Total
Animal Parasites	507	488	15	15	26	1051
Diphtheria	392	346	84	80	9	911
Typhoid	124	129	18	6	3	280
Malaria	226	144	18	6	47	441
Rabies	17	6	1			24
Tuberculosis	251	101	17	19	8	396
Gonorrhoea	173	83	26	22	3	307
Syphilis	1157	336				1493
Water: Bact. Ex.		21	13	12		46
Water: NaCl Cont.				12		12
Milk: Bact.	11	2	72	90	7	182
Milk: Chem.	15	2	9	252		278
Miscellaneous	13	19	13		1	46
	<u>2886</u>	<u>1677</u>	<u>286</u>	<u>514</u>	<u>104</u>	<u>5467</u>

BIOLOGICAL PRODUCTS SENT OUT DURING FEBRUARY, 1923

Diphtheria Antitoxin	10,000 Units	84
	5,000 Units	20
Toxin Antitoxin	1's	13
	10's	34
Tetanus Antitoxin	20,000 Units	3
	10,000 Units	10
	1,500 Units	75
Typho Bacterin		321 Packages
Vaccine Virus		1980 Points
Anti Rabie Virus		25 Treatments
Specimen Containers sent out		3398

BUREAU OF CHILD WELFARE**Laurie Jean Reid, R. N., Director****INFANT WELFARE CLINICS**

During the early summer months infant welfare clinics are being conducted in various counties in the State in which the need seems most apparent and in which sufficient help can be gotten from the local physicians and lay people. There are few public health nursing services in the State and in rural districts which we desire to serve there are fewer physicians and these localities, are not easy of access from the railroads. It was therefore deemed wisest in making a plan to send a Maternal and Infant Hygiene Nurse from this Bureau to the county for a month so that the follow-up work, which is of such vital importance to the success of any clinic plan, could be done by her. In order to save the time of the nurse the plans for the clinics were made and all arrangements completed before the date set for the nurse's arrival.

The plan which we have worked out is as follows: Since we must depend on the local physicians for the examinations, the first thing to do was to enlist their sympathies and ask for their help. This, in every case, has been very cheerfully given. Then, the clinic hours are always set according to the physicians' arrangement. We have found that Saturday is the best day for colored people since that is the day they always come into the towns for their supplies, so wherever possible we use Friday and Saturday for clinic days, Friday for white and Saturday for colored. Regarding the place where the clinics may be held, we have ranged all the way from the churches, Women's Club rooms, rest rooms, Court Houses, doctors' offices, mine company hospitals and Casinos. The points to be remembered always being the need for lavatory arrangements, running water, and a room where the babies can be prepared for examination as well as the examining room.

Many forms of advertising have been used but we have pinned our faith to the handbills and newspaper publicity. The handbills are gotten out as attractively as possible, giving in concise form the information which we desire to get over to the public, namely: the clinic, its purpose, the places giving day and hours for each and a sentence or two at the bottom setting forth the value of the clinic examination to the baby. These handbills are distributed at the churches, the stores to which the country people come for their supplies at the week end, and placed on bulletin boards in the Post Office, the Court House, and any other conspicuous place where they will be seen. Newspaper articles setting forth the value of the clinic and what we hope to accomplish through them are put in all the country papers.

The Women's Clubs are giving invaluable help in using their automobiles to carry mothers with their babies to and from the clinics and in assisting the nurse at the clinics. They have also provided towels, sheets and blankets for use at the clinics.

Blocks of examination blanks are sent from this office. These are filled out in duplicate with carbon, one copy to be left with a responsible person in the county for future reference, and the other to be retained by the nurse for her information in doing her follow-up work.

The greatest stress must be put on the publicity given the clinics if we are to obtain the best results and it is here that the Women's Clubs and various organizations can assist in getting notices to every organization and in every possible way reaching the country people. The rural mail box is another route by which we accomplish this.

BUREAU OF CHILD WELFARE

Continued

The findings from the first clinics held have given us food for serious thought and only serve to fix more firmly in our minds the need for the State supervision and instruction of midwives. Of babies examined at the first clinics held we found no cases of umbilical hernia in babies whose mothers were delivered and cared for by physicians, while in cases delivered by midwives, the percentage of umbilical hernia was high. The percentage of eye infections of various kinds was also exceedingly high in cases cared for by midwives. Following the clinics before the nurse leaves that locality, each case is visited in the home and according to the clinic findings, advice and instruction is given by the nurse. If it is a feeding case the proper method of preparation is taught by the nurse in the home. If the correction of some defect is indicated, the nurse urges the parents to carry their child to the family physician and if it is an indigent case, does her best to arrange locally for the care and treatment needed.

These clinics and the home visiting following make opportunity for the nurse to give necessary prenatal instruction, for very often the condition of the baby points back to the improper care of the mother either before or at the time of its birth.

The public generally is becoming alive to the need for a proper start for its future citizens and we are hoping to emphasize this during the months that these infant welfare clinics are held to the point where a public health nursing service will be looked upon, not as an expense to the county or community, but as an asset. If we are ever to stem the tide of children beginning their school life undernourished and with defects and diseases which hamper them in getting the most from their educational advantages, we must begin with the baby for "As the twig is bent the tree inclines."

BUREAU OF ENGINEERING**George W. Simons, Jr., Chief Sanitary Engineer****THE COMMON DRINKING CUP**

Not many years ago the common drinking cup, dipper or mug was a familiar sight, an apparently justifiable part of our municipal and home equipment. But soon the dangers of the common drinking cup were revealed and of late years an active warfare has been waged against it by health workers everywhere. The State Board of Health regulation says:

Sec. 1. The use of the common drinking cup or common receptacle for drinking water in any public place, park, or square, or in any public institution, hotel, theater, factory, department or other store, public hall, or public school, or in any railroad station in the State of Florida or the furnishing of such common drinking cup or common receptacle for use in any such place herein mentioned is hereby prohibited.

Sec. 2. Any person, firm or corporation violating any of the provisions of this rule shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punishable by a fine of not exceeding \$50 or by imprisonment in the county jail not to exceed thirty days, or by both such fine and imprisonment.

Professor Alvin Davison of Lafayette College in a paper entitled "Death in Common Drinking Cups" stated as follows:

"The chief avenue by which bacteria enter is the mouth. The air, food, water, and especially the drinking-cup are the usual means by which the disease-producing parasites are transferred from one person to another."

"The evidence condemning the common drinking cup or vessel upon any occasion whether at school, church or home is derived from three sources: 1. the frequent presence of disease producing bacteria in the mouth; 2. the detection of pathogenic germs on the public cups; and 3. the discovery that where a number of persons drank from a cup previously used by the sick, some of them became ill."

"Recent investigations show that the germs of diphtheria and grippe frequently remain from one to three months in the mouths of the patients after they have recovered from the disease. The very extensive and careful observations of the Minnesota State Board of Health demonstrated that in over half of the diphtheria cases, virulent germs remained in the nose and throat of the patients three weeks after recovery. Most careful examinations by expert bacteriologists show that many of the common sore throats are really slight cases of diphtheria. Of the 2,038 mild sore throats examined in the school children of Hartford, Connecticut, 591 were shown to be due to the true diphtheria germ. The bacilli now universally employed in the making of diphtheria anti-toxin were first isolated from a mild sore throat. Bacteria which in one person cause only slight illness may when transferred to another individual produce serious disease and death. This widely different effect of the same germ may be due to the variation in the germ-killing power of the body tissues, or it may result from new association with other germs."

"It is an established fact that a considerable number of well persons harbor in their mouths the germs of grippe, pneumonia, diphtheria and tonsillitis. Examination of 4,250 persons by the Massachusetts Association of Boards of Health showed that over one hundred of them carried in their mouths virulent diphtheria germs. Pennington in 1917 found virulent diphtheria bacilli in nearly five per cent of a large number of apparently healthy

BUREAU OF ENGINEERING**Continued**

children in Philadelphia. In Minnesota, true diphtheria germs were found in the mouths of seventy persons in every thousand examined. The average results of a large number of investigations demonstrate that nearly one per cent of well persons carry in their mouths true diphtheria germs. In Boston, sixty per cent of all cases of common catarrh examined showed the presence of gripe bacilli. Considerable evidence is at hand showing that the germs of sore throat, pneumonia and bronchitis are present in many people who mingle with well people and drink from the public cups."

"During the past six months I have investigated by means of direct microscopic examination, by cultures, by guinea pig injections, the deposits present on various public drinking vessels. Cup No. 1 which had been in use nine days in a school was a clear thin glass. It was broken into a number of pieces and properly stained for examination with a microscope magnifying 1,000 diameters. The human cells scraped from the lips of the drinkers were so numerous on the upper third of the glass that the head of a pin could not be placed anywhere without touching several of these bits of skin. The saliva by running down on the inside of the glass had carried cells and bacteria to the bottom. Here, however, they were less than one-third as abundant as at the brim."

"By counting the cells present on fifty different areas on the glass as seen under the microscope, it was estimated that the cup contained over 20,000 human cells, or bits of dead skin. As many as 150 germs were seen clinging to a single cell, and very few cells showed less than ten germs. Between the cells were thousands of germs left there by smears of saliva deposited by the drinkers. Not less than a hundred thousand bacteria were present on every square inch of the glass. Most of these were of the harmless kind abundant in the mouth but some were apparently the germs of decay feeding upon the bits of human body adhering to the cup."

"A third source of evidence condemning the public cup is found in the report of Doctor Forbes of Rochester, who refers to an epidemic of diphtheria in his city which occurred among twenty-four persons and was traced unmistakably to a common drinking cup which all the sick had used. Tonsillitis and sore throat are known to affect a larger number of pupils in the schools where a common drinking cup is used than in those schools where the individual cup is required, or the sanitary drinking fountain has been installed."

Do Your Part

BUREAU OF ACCOUNTING**Screven Dozier, Auditor****MONTHLY FINANCIAL STATEMENT****RECEIPTS**

Balance from 1922.....	\$27,500.01
January, 1923, Receipts.....	4,186.00
Total.....	\$31,686.01

DISBURSEMENTS

January, 1923, Disbursements.....	\$13,236.64
Balance.....	\$18,449.37

DISBURSEMENTS FOR JANUARY, 1923

Administration	\$ 805.86
Engineering	1,409.47
Laboratories	1,993.47
West Palm Beach.....	3.60
Child Welfare	141.73
Vital Statistics	6,206.84
Multigraph	203.95
Antitoxins	1,209.59
Communicable Diseases	1,262.13
Total.....	\$13,236.64

NOTES FROM WEST FLORIDA DISTRICT**F. A. Brink, M. D., District Health Officer**

Seven hundred children in Bay County took advantage of the Schick test in February. The reactors were given the first dose of toxin-antitoxin by the District Health Officer and the local physicians volunteered to administer the other two injections. It is cheering indeed to receive such hearty cooperation as was given by the physicians and patrons of Bay County.

One hundred fifty-six school children had physical examinations in Bay County during the week of Feb. 19th. The work was planned by Miss Bertha Henry, of Crestview, one of the splendid County Home Demonstration Agents who can always be depended upon for assistance in any work that is for the good of their people.

Vaccination against smallpox was administered to 120 at Lynn Haven. These were nearly all school children. They realized that this is the only sure way of protecting themselves from smallpox. A few cases appeared in the neighborhood and if all the inhabitants were as wise as these 120, there will be no more smallpox there.

The Parent-Teacher's Association of Sneads invited the District Health Officer to make physical examination of the school children. A number of the good ladies assisted with this work, the teachers lent much of their time and much good will surely result from this work. A large meeting of school patrons met to hear a talk on Health.

New Valparaiso is up to the minute on mosquito eradication. A special meeting was called by the Women's Club to hear a talk by the writer.

Jasper school children fell in line for the Schick test during the week of Feb. 27. Local doctors will complete the immunization of the thirty who reacted and received their first doses on the 2nd of March.

HERE AND THERE

Over ten thousand pieces of State Board of Health literature were distributed at the Orlando Fair, February 13-17, both communicable and venereal disease.

* * * * *

The Sanitary Privy, Its Construction and Operation, a pamphlet by George W. Simons, Jr., Chief Sanitary Engineer of the State Board of Health, was issued last month. Copies of this valuable pamphlet may be secured on request.

* * * * *

An article on the relative efficiency of oil of chenopodium and carbon tetrachloride in killing hookworms has been extracted from a recent edition of the Bulletin of the International Health Board and made up in pamphlet form. Numerous requests are received daily at the Executive Office for data with reference to the use of carbon tetrachloride and it is believed the information contained in the new pamphlet will be invaluable. This pamphlet will be sent to anyone on request.

* * * * *

Another new pamphlet of interest released in March was "The Public Health Nurse As a Factor in Child Welfare," by Mrs. Laurie Jean Reid, R. N., Director of the Bureau of Child Welfare.

* * * * *

The "alligator" pear is a delicious tropical fruit. The real name is avocado. This fruit grows on an evergreen tree which sometimes reaches the height of eighty feet. It belongs to the laurel family. The fruit is pear shaped and contains one large round seed. The eatable portion is a deep cream yellow, firm and cuts like butter. This creamy substance is used by the natives of Guatemala where the avocado pear grows abundantly, just as we use butter; it is eaten there with cakes made of corn, and is wholesome and satisfying. The avocado will grow in California and Florida and there are already a number of these orchards from which large quantities of the fruit are shipped.—*La. Monthly Bulletin*. Floridians should take advantage of this wholesome and nutritious fruit which grows in abundance in the State.

* * * * *

It is interesting to note that a Bill appropriating \$650,000 for added equipment for the Leper Hospital, known as "Hospital 66," located at Carville, Louisiana, unanimously passed the House of Representatives on February 13th. This means that in the near future provision will be made to take care of all the lepers in the United States.

* * * * *

National Negro Health Week will be held all over the United States the week of April 1-7. Plans are being made to do special health work among the negroes during this week. District Health Officers and Infant and Maternal Hygiene Nurses of the State Board of Health will cooperate in this work.

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
2103	Miss Sallie Grace,	Graceville, Fla.
22027	Mrs. T. G. Raysor,	Rt. 1, Box 83, Monticello, Fla.
22037	Miss Ethel Taylor,	R. F. D. "A," Monticello, Fla.
45077	Mrs. R. L. Dann,	Chuluota, Fla.
4803	Mrs. Mary L. Davis,	Carbur, Fla.
49057	Mr. F. R. Hodgson,	Emporia, Fla.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

AUTOMOBILE ACCIDENTS

The automobile as a cause of death is a matter of no small concern at the present time. Beginning with the calendar year 1920, more deaths were caused by automobiles than by railroad trains in Florida, while mortality records for the United States Registration Area published by the Bureau of the Census, shows the increase one year earlier. Comparing the last three (3) years with the three (3) years previous we find a decrease of almost four (4) per cent in Florida from train accidents, while a comparison of the same period indicates an increase of forty-seven (47) per cent from automobile accidents.

Last year in this State twenty-one (21) per cent of all deaths from automobile accidents occurred among children under fifteen (15) years of age. Here lies a serious problem. Practically all of these deaths represent children who have passed the dangers of infancy, and have reached that period in life from which we expect to find a new generation that will shoulder the responsibilities of a great State and Nation.

The protection of life which has been made possible through preventive medicine has in many instances gone beyond our expectations and we must not let new hazards connected with the automobile retard our progress in the conservation of life.

says: "We are right-untimely deaths caused the vegetable and unwilling to spend time trying to isolate, study the end that their rav-check. We talk learn-baccilli but overlook TOMOBILIS," whose wheel of his jugger-without aid from the homicides might be more effective policing ways." We usually vis-cost in terms of cars. However, last year's that one hundred and deaths were caused dents in Florida, which

loss to this State of Two Hundred and Five Thousand Dollars (\$205,000). Hon. Ernest Amos, comptroller, has furnished information that one hundred and twenty-eight thousand (128,000) applications were received last year for automobile licenses. One hundred and twenty-two (122) deaths were charged to automobile accidents which represents a rate of ninety-five (95) deaths per 100,000 licenses issued. The automobile was responsible for more deaths last year in Florida than the combined total from the following diseases: Diphtheria, Scarlet Fever, Smallpox, Epidemic Meningitis and Acute Poliomyelitis.



Hon. Robert L. Cox fully concerned over by micro-organisms of mal kingdoms and are and money freely in and catalogue them, to ages may be held in edly of bacteria and the "BACILLUS AU-presence behind the naut can be discovered microscope and whose largely prevented by of our congested high-ualize our automobile gasoline, oil, tires, etc. records reveal the fact twenty-two (122) from automobile acci-represents an economic

BUREAU OF VITAL STATISTICS**Continued**

Information made available through the Vital Statistics Bureau, indicates that this is not a rural problem. The three largest cities in Florida represent only eighteen (18) per cent of the population for the entire State, while the deaths from automobile accidents from these three cities have thirty-three (33) per cent of the deaths from automobile accidents charged to their account.

The mortality figures for the calendar year 1921 recently released by the United States Bureau of the Census, gives Florida a lower death rate from automobile accidents than the United States Registration Area. Of the thirty-four (34) states in the Registration Area at that time, fifteen (15) show a higher mortality rate than Florida, notwithstanding the fact that thousands of tourists live in Florida during the winter and use the automobile as a means of transportation and pleasure while here. Conditions in Florida are just the reverse of most Northern States. Our mortality from automobile accidents is greater during the winter months and noticeably reduced between May and August, while in the Northern States many automobiles are put up for the winter.

The Vital Statistics Bureau is a clearing house for knowledge as to health conditions in every part of the State. The information is used by all departments of the State Board of Health, and makes reliable information available as to when and where the forces should concentrate for combatting disease.

The Postmaster General has authorized a notice posted in all post offices of this State, calling attention to the importance of registering births and deaths. A copy of this notice may be seen on the following page. You will be interested to note some of the reasons for maintaining a Bureau of Vital Statistics. In addition to the legal value of birth and death certificates they form the basis for disease and infant mortality rates for the State as well as for cities and counties. How would we know that the Pneumonia death rate in Florida is far below that in the United States if no record was kept? The Vital Statistics Bureau hears the first danger signal of approaching epidemics through morbidity and mortality records.

We are now able to furnish safety officials with reliable information as to a tremendous economic loss from automobile accidents which should arouse their interest and best efforts towards ways and means for traffic regulations, improvement of safety appliances and license restrictions.

(Above cut used through courtesy of the National Child Welfare Association.)

BUREAU OF VITAL STATISTICS

Continued

NOTICE!

The Vital Statistics Law of Florida requires that Every Birth and Death be Registered.

How Births are Registered

THE DOCTOR OR MIDWIFE WHO ATTENDS A BIRTH WITHIN TEN DAYS MUST FILE A CERTIFICATE OF BIRTH WITH THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH THE BIRTH OCCURRED. IF THERE WAS NO DOCTOR OR MIDWIFE IN ATTENDANCE, PARENTS ARE REQUIRED TO FILE THE CERTIFICATE. LOCAL REGISTRARS FURNISH BLANK FORMS AND MAKE NO CHARGE FOR REGISTERING BIRTHS.

How Deaths are Registered

THE UNDERTAKER, OR THE PERSON WHO HAS CHARGE OF THE BURIAL OF A DEAD BODY, IS REQUIRED TO FILE WITH THE LOCAL REGISTRAR A DEATH CERTIFICATE, PROPERLY SIGNED BY SOME ONE CONVERSANT WITH THE FACTS AND BY THE PHYSICIAN LAST IN ATTENDANCE, AND IS REQUIRED TO SECURE A BURIAL OR REMOVAL PERMIT BEFORE THE BODY IS BURIED OR REMOVED. LOCAL REGISTRARS MAKE NO CHARGE FOR ISSUING PERMITS.

Why Register?

BIRTHS

There is hardly a relation of life, social, legal or economic, in which the evidence furnished by an accurate registration of births may not prove to be of the greatest value, not only to the individual, but also to the public at large. It is not only a matter of civilization to register Birth Certificates, but good business, for they are frequently used in many practical ways:

- 1 As evidence to prove the age and legitimacy of heirs;
- 2 As proof of age to determine the validity of a contract entered into by an alleged minor;
- 4 As evidence to establish the right of admission to the professions and order to vote;
- 4 As evidence to establish the right of admission to the professions and to many public offices;
- 5 As evidence of legal age to marry;
- 6 As evidence to prove the claims of widows and orphans under the "Widows' and Orphans' Pension Law";
- 7 As evidence to determine the liability of parents for the debts of a minor;
- 8 As evidence in the administration of estates, the settlement of insurance and pensions;
- 9 As evidence to prove the irresponsibility of children under _____ years of age for crime and misdemeanor, and various other matters in the criminal code;
- 10 As evidence in the enforcement of laws relating to education and to child labor;
- 11 As evidence to determine the relations of guardians and wards;
- 12 As proof of citizenship in order to obtain a passport;
- 12 As evidence in the claim for exemption from or the right to jury and militia service.

DEATHS

Human life is sacred. When a human being passes out from our life it is important that an immediate record be made of all the essential details of the event,—an immediate record, because it is well established by years of experience that an accurate record in all cases cannot or will not be made unless the law requires it to be made at once. Such a record should include the facts relating to the exact time and place of death, the full name, age, sex, color, civil condition, occupation, place of birth, and other details relating to the individual, and also a very important requirement, a statement by the attending physician, or by the health officer or coroner, of the cause of death. These facts may be of the greatest legal and social importance.

1. Certificates of Death, or certified copies, are constantly required in courts and elsewhere to establish necessary facts;
2. Pensions or life insurance may depend on proper evidence of the fact and of cause of death;
3. Titles and rights to inheritance may be jeopardized by the failure of records;
4. Deaths should be registered that public health agencies—National, State and Municipal—may know the causes of death and act promptly to prevent epidemics;
5. Deaths should be registered promptly that the success or failure of all measures attempted in the prevention of disease may be accurately determined;
6. Deaths should be registered that individual cities and localities may learn their own health conditions by comparison with the health conditions of other communities and determine thereby the wise course of public health activity;
7. Deaths should be registered that home-seekers and immigrants may be guided in the selection of safe and healthful homes.

THE STATE REGISTRAR DOES NOT DESIRE TO HOLD BEFORE THE PEOPLE THE PENALTIES FOR THE VIOLATION OF THIS ACT, BUT RATHER TO CALL ATTENTION TO THE IMPORTANCE OF THESE RECORDS, BOTH TO THE INDIVIDUAL AND TO THE STATE. THE STATE REGISTRAR DESIRES TO OBTAIN THE HEARTY COOPERATION OF EVERY PERSON IN THE STATE IN CARRYING OUT THE PROVISIONS OF THIS LAW.

The Local Registrar of this District is _____

POSTMASTERS WILL POST THIS NOTICE IN A CONSPICUOUS PLACE IN THE POST OFFICE LOBBY

HUBERT WORK,

POSTMASTER GENERAL.

(Facsimile of Poster Displayed in All Post Offices in Florida.)

BUREAU OF VITAL STATISTICS

Continued

"No health department, State or local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring."

MORBIDITY

Notification of 820 Cases of Sickness has been received during February as compared with 1,194 for the same month last year.

Diseases	Total Cases	By Weeks February, 1923				Weekly avg. for 4th. Feb. 1922
		1st.	2nd.	3rd.	4th.	
Cancer	11	6	5	0	0	0 A
Chancroid	18	6	3	8	1	5
Chicken Pox	49	9	26	8	6	13
Dengue	1	0	1	0	0	0
Diphtheria	48	11	15	17	5	21
Dysentery	3	1	0	2	0	0 A
Gonococcus	92	24	28	33	7	28
Hookworm	54	12	14	13	15	9
Influenza	170	87	34	14	35	73
Malaria	26	7	6	8	5	5
Measles	25	2	5	13	5	8
Mumps	1	0	1	0	0	0 A
O. Neonatorum	2	1	1	0	0	1
Pellagra	4	1	0	3	0	0 A
Pneumonia	31	6	10	6	9	10
Scarlet Fever	11	0	4	3	4	4
Small Pox	41	14	14	1	12	9
Syphilis	114	33	15	25	41	28
Trachoma	1	1	0	0	0	0 A
Trichinosis	1	1	0	0	0	0
Tuberculosis	76	17	15	26	18	71
Typhoid Fever	35	4	9	13	9	13
Whooping Cough	6	0	0	3	3	1 B

A—Less than one.

B—More than one but less than two.

BUREAU OF VITAL STATISTICS
Continued

Reported Cases of the following diseases for February, 1923:

[illegible]

BUREAU OF VITAL STATISTICS

Continued

Reported Cases of the following diseases for February, 1923:

Counties	Ty-phoid	Mal-aria	Small Pox	Diph-theria	Influ-enza	Hook-worm	Sy-philis	Gonorrhea
Manatee .....	..	..	1	1	..	9	1	2
Marion	1	..	..	..	..	2	..	..
Monroe .....	..	1	..	..	3	..	..	..
Nassau .....	..	..	..	..	..	1	..	..
Okaloosa .....	..	..	..	..	..	..	..	..
Okeechobee .....	..	..	..	..	..	..	..	..
Orange	1	..	..	3	..	1	..	..
Osceola .....	..	..	..	..	..	..	..	..
Palm Beach .....	..	..	..	2	..	..	2	..
Pasco .....	..	2	..	1	..	1	..	..
Pinellas	2	1	5	..	6	11	2	4
Polk	3	1	..	1	..	2	1	1
Putnam .....	..	..	..	..	..	..	..	1
St. Johns .....	..	1	..	..	1	..	..	..
St. Lucie .....	..	..	18	1	..	6	..	..
Santa Rosa	2	1	..	..	..	..	..	..
Sarasota .....	..	..	..	..	..	2	..	..
Seminole .....	..	..	..	..	4	..	1	..
Sumter .....	..	..	..	..	..	..	..	..
Suwannee .....	..	..	..	..	..	..	..	..
Taylor .....	..	..	..	..	..	..	..	..
Union .....	..	..	..	..	..	..	..	..
Volusia .....	..	..	..	..	8	2	..	..
Wakulla .....	..	..	..	..	..	..	..	..
Walton .....	..	..	..	..	..	..	..	..
Washington	1	..	..	..	..	..	..	..

Cities (Following figures are included with County Totals):

Jacksonville	2	7	6	5	46	..	80	61
Tampa	5	1	2	12	14	2	14	4
Miami	3	..	..	2	14	..	4	7
Key West .....	..	1	..	..	3	..	..	..

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one, but if the latter, you and your family are not receiving proper protection.

The Old Dose



LIBRARIAN HYGIENIC,
LABORATORY.
25TH. & EAST STREET,
WASHINGTON, D.C.



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The Right Way

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
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VOL. 15

MAY, 1923

NO. 5

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

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ADMINISTRATION**Raymond C. Turck, M. D., State Health Officer****ADDRESS BEFORE THE FLORIDA ANTI-MOSQUITO ASS'N.,
ST. PETERSBURG, FLORIDA, MARCH 21st, 1923.**

I am just now engaged in a general survey of the coast and coastal cities of Florida. I have been out since the latter part of January, down the East Coast to Miami, thence to the Florida Keys, coming up the coast this way through the Thousand Islands. I left my boat and came here over the so-called Tamiami Trail. I am trying to get a general idea of the coastal breeding area which seems to me is our worst problem.

More and more, I believe we must impress upon the people of this State that we cannot hope, within any reasonable time to exterminate the mosquito from Florida. When we talk of mosquito control, they scoff and jeer, therefore, we must distinguish clearly between control and extermination; the disease bearing mosquito can be controlled, of that I am convinced. The more I study it the more I believe the disease carrying species can be controlled by controlling the community itself and the area contiguous to it one and one-half or two miles in radius. We must bring the people of Florida to realize that they are breeding the dreaded disease carriers in their own back yards, in their cisterns, rain barrels, ditches, cesspools and other man-created places. We know the disease bearing mosquito does not fly great distances from home.

It is most gratifying to know that, at present, at least fifty-two communities, in the State of Florida, have instituted, are seeking for or planning mosquito control measures, and everyone of those communities has asked the State Board of Health for assistance. How can fifty-two communities be helped with but two Sanitary Engineers and two Inspectors in the field?

The State Board of Health must have the money and men to throw into the field—we do not want to sit in offices—we want money to put field workers throughout the entire State. Yet the State Board of Health has been accused of crying "Wolf, Wolf," and of setting up bugaboos in order to induce the Legislature to give us a larger appropriation. Many say our talking, which we have done carefully and quietly, is all bunk.

In this connection, I want to read you a letter from Doctor H. S. Cumming, Surgeon General of the United States Public Health Service, dated March 10th, 1923.

Doctor Raymond C. Turck,
State Health Officer,
Florida State Board of Health,
Jacksonville, Florida.

Dear Doctor Turck:

During the past season cases of yellow fever occurred at Victoria, Mexico, and in the valley of the Panuco River. It is believed not improbable that points in Mexico closer to our border may already contain mosquitoes infected with yellow fever and that numerous cases of the disease may appear in the spring of 1923.

With knowledge of the possible proximity of yellow fever to the United States, the Public Health Service has already assigned one of its most experienced engineers to cooperate with the State and local authorities in mosquito control measures in the border States, and is urging that the other southern States inaugurate measures to control *Stegomyia* breeding during

ADMINISTRATION

Continued

this spring and summer. The recent outbreak of dengue fever is sufficient example of how rapidly and extensively a mosquito borne infection may spread under the conditions of mosquito infestation which existed last summer.

To this end Associate Sanitary Engineer H. H. Wagenhals has already been instructed to confer with you and to urge the importance of early mosquito control measures in your State.

While the Service is planning to maintain a rigid quarantine inspection throughout the season and will assign additional officers to prevent the introduction of yellow fever, the active co-operation of the State Departments of Health in controlling *Stegomyia* breeding within their borders is highly essential. Under the present conditions of mosquito infestation the disease would spread rapidly if an unrecognized case should gain admittance. Control measures would then involve large sums of money and result in delay in commerce and ensuing financial loss.

A statement of the anti-mosquito measures which your department is planning to carry out during the coming season will be appreciated.

Respectfully,

(Signed) H. S. CUMMING,
Surgeon General.

Let some of our doubting Thomases browse over that for a while.

You know the ostrich is a large bird that is plainly visible for miles over the desert but is just as foolish as he is huge and when pursued thrusts his head into the sands with the foolish idea that he is concealing himself from sight. Unfortunately, a great many people and communities in the State of Florida imitate the ostrich in their attempt to hush up and conceal the fact that there are mosquitoes in Florida and that we have disease carrying mosquitoes. They admonish us not to admit that we have malaria or dengue or that we are more or less constantly exposed to yellow fever by reason of our geographical location close to Central and South America. In imitating the ostrich, we deceive only ourselves. Senator Duncan U. Fletcher, in a public address, stresses this fact. His statement that the people of the North and East and West not only know that we have mosquitoes and mosquito borne diseases, but that many believe such conditions to be much worse than they really are, is absolutely true. The file of letters and telegrams coming to the State Board of Health is ample proof.

Greater good will result, a greater number of tourists will come to us, a greater amount of capital will follow for investment and much more credit will be gained if news of our mosquito control work is broadcasted; if it is known to the world that Florida is now working to make herself safe for her citizens and her many visiting friends.

There has been much talk and argument and correspondence, over the question of the amount of millage for the State Board of Health, whether the tax should be three-eighths, one-fourth or one-half mill, etc. Personally, I do not believe the people of the State of Florida would object to one-quarter or one-half mill additional tax which while meaning nothing to the individual taxpayer, in the aggregate means the difference between an inadequate and an efficient health service.

I do not believe that any rapidly growing, progressive community would ever consider the difference of one-fourth mill of tax provided that they get value received, and in this connection I want to read you another letter from the Representative of Madison County, Honorable T. C. Merchant:

ADMINISTRATION

Continued

Dr. R. C. Turck,
State Health Officer,
Jacksonville, Florida.

Dear Doctor:

I feel that the people of the State do not care much about the difference of a quarter of a mill of taxation, just so they get the service they ought to have and do not have to pay for lost motion and extravagance and unnecessary activities. If you assure me of very careful expenditure of State funds, I shall be likely to vote to give you what you think you need. I feel that it would be poor economy to try to pin you down with a quarter of a mill less than you think you need and have some epidemic break out that you could have controlled had you had the funds. Keep me sure that you are spending wisely what you are getting and I expect I will be reasonably generous in my voting and I believe practically all the others will too.

Yours truly,

(Signed) T. C. MERCHANT.

I have received a number of interesting and assuring letters from Members of the Senate and House along similar lines. I quote this with Mr. Merchant's permission because I believe he voices the sentiment of many.

The more I investigate health conditions in Florida, the more I study them, the more interest and investigation I believe the problem should have. All our cards are on the table; our records are absolutely open; our aims and purposes and plans are public property.

Napoleon said that "Three-fourths of mankind never prepare until the emergency exists, and just then it is too late." This is particularly true of epidemic disease which striking in on an unsuspecting and unprepared people always takes an unwarranted and preventable toll in human lives. With the knowledge that Florida's summer climate is ideal for the spread of mosquito borne diseases, that we have a susceptible population, that we have the carrier mosquito, that yellow fever is even now present in Mexico and is threatening the Mexican Border and Gulf Coast States, let us prevent and prepare.

MOSQUITO FACTS

The MOSQUITO lays eggs on any accumulation of water, however small, inside or outside the house.

The EGGS look like pieces of soot on the water.

EGGS hatch into larvae (wigglers) in about 48 hours.

LARVAE (wigglers) become pupae (tumblers) in about one week.

PUPAE (tumblers) become MOSQUITOES on the wing in about 48 hours.

PREVENT MOSQUITO BREEDING.

PREVENT ACCESS OF MOSQUITOES TO WATER.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING FEBRUARY, 1923

	Jackson- ville	Tampa	Pensa- cola	Miami	Talla- hassee	Total
Animal Parasites	399	240	57	30	42	768
Diphtheria	213	200	87	46	12	558
Typhoid	166	174	30	17	10	397
Malaria	275	184	26	19	31	535
Rabies	13	5		1		19
Tuberculosis	263	130	25	32	7	457
Gonorrhoea	232	107	33	50	1	423
Syphilis	1288	423				1711
Water: Bact. Ex.		26	6	8		40
Water: NaCl Cont.				8		8
Milk: Bact.	29	10	93	103	25	260
Milk: Chem.	28	10	9	317	2	366
Miscellaneous	16	27	59	1	6	109
	2922	1536	425	632	136	5651

Specimen Containers distributed, 2581.

BIOLOGICAL PRODUCTS SENT OUT DURING MARCH, 1923

Diphtheria Antitoxin	10,000 Units	104
	5,000 Units	43
Toxin Antitoxin	10's	17
Schick Test	10's	6
	100's	16
Tetanus Antitoxin	10,000 Units	18
	1,500 Units	128
Antimeningococcus Serum		16 Cylinders
Typho Bacterin		1663 Packages
Vaccine Virus		3640 Points
Anti Rabie Virus		40 Treatments

PLEASE TAKE NOTICE

All correspondence regarding biologics should be directed to the laboratory for this department handles all this material and it is also open for a half day every Sunday and holiday.

Please be specific. Last week we received a wire that read: "Report case smallpox send vaccine." Did the doctor want to vaccinate ten, fifty or five hundred? He knew, but we did not.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

STATEMENT OF RECEIPTS, DISBURSEMENTS AND BALANCES
FROM JANUARY 1, 1919 TO APRIL 1, 1923.

January 1, 1919	Balance 1918	\$ 51,878.14
	1919 Receipts $\frac{1}{2}$ Mill.	182,112.40
	Total	233,990.54
	1919 Disbursements	167,468.46
	Balance January 1, 1920	\$ 66,522.08
January 1, 1920	Balance from 1919	\$ 66,522.08
	1920 Receipts $\frac{1}{2}$ Mill.	175,198.86
	Total	241,720.94
	1920 Disbursements	150,319.44
	Balance January 1, 1921	\$ 91,401.50
January 1, 1921	Balance from 1920	\$ 91,401.50
	1921 Receipts First 6 Months $\frac{1}{2}$ Mill (A)	120,805.16
	Total	212,206.66
	1921 Disbursements First 6 Months (B)	131,936.22
	Balance July 1, 1921	80,270.44
	1921 Receipts Second 6 Months $\frac{1}{4}$ Mill.	41,700.21
	Total	121,970.65
	1921 Disbursements Second 6 Months (C)	74,553.79
	Balance January 1, 1922	\$ 47,416.86
January 1, 1922	Balance from 1921	\$ 47,416.86
	1922 Receipts $\frac{1}{4}$ Mill.	103,424.80
	Total	150,841.66
	1922 Disbursements	123,341.65
	Balance January 1, 1923	\$ 27,500.01
January 1, 1923	Balance from 1922	\$ 27,500.01
	1923 Receipts Jan., Feb., and March, $\frac{1}{4}$ Mill.	18,076.48
	Total	45,576.49
	1923 Disbursements Jan., Feb., and March.	33,833.50
	Balance April 1, 1923	\$ 11,742.99

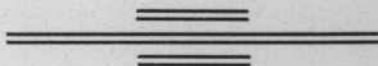
BUREAU OF ACCOUNTING**Continued**

- (A) Total receipts 1921—\$162,505.37.
Total disbursements 1921—\$206,490.01.
- (B) Rate of disbursement for one year—\$263,872.44.
- (C) Includes \$12,796.30 expended for completion of the West Palm Beach Laboratory.

NOTES

It will be seen that under the $\frac{1}{4}$ mill, the State Board of Health was obliged to cut expenses more than 50% over the activities of the first six months of 1921.

Analysis of total funds available for the past two years, shows that they consisted of receipts from $\frac{1}{4}$ mill tax, a six months hold-over of the $\frac{1}{2}$ mill tax, plus approximately \$56,000.00 emergency balance carried down from years past.

**HERE AND THERE**

"Dr. Porter called attention that, although it looked as if the Board was going to have a big lot of money, yet it was not known how the present plague situation was going to terminate. The Doctor said that if the Board had not had money to pay out during the yellow fever in Pensacola, efficient service could not have been gotten; that it cost the Board \$75,000.00 in Pensacola in controlling a little epidemic of yellow fever, and that if plague were to appear in Florida no estimate could be placed on what it would cost."

—*Extract from Minutes of Special Meeting of State Board of Health, July 28th, 1914.*

* * * * *

There is an opening for a young physician in a rapidly developing locality in Florida. No other physician within sixty miles. Developing Company will pay sixty dollars a month, supply board and lodging in hotel and pay, in addition, first aid fees and will permit private practice among the people not employed by the Company. This is a splendid opportunity for a young man. The physician applying must have hospital training and be capable of emergency surgery. For further information, address the State Health Officer, Jacksonville, Florida.

BUREAU OF CHILD WELFARE

Laurie Jean Reid, R. N., Director

In April "Health Notes" the plan for Infant Welfare clinics to be held in various counties during the early summer months was given. The very interesting way in which this work developed is recorded herewith.

During the month the nurses from the Maternal and Infant Hygiene Division held Infant Welfare clinics in three counties, each nurse remaining in a county an entire month in order to do the follow-up work and the results proved most gratifying.

In one county having many mill settlements where clinics were held and follow-up work done in the homes, the need for health work was so clearly demonstrated that a public health nurse was secured by the mill management to organize and carry on a permanent nursing service. In the same county funds are now being raised for another public health nurse to do the same work in the other side of the county.

Clinics were held in another county having a very scattered population. Only twenty-eight babies were examined at the clinics, one baby being brought twenty-five miles for examination. The nurse assigned to the work in this county traveled over five hundred miles to the homes in the remote corners of the county, giving individual instruction and making demonstrations of the care and feeding of babies.

In the third county which has a large colored population, there were fifty smallpox vaccinations as the result of a child recovering from smallpox being brought to the clinic for examination. In this county the needs for the supervision and instruction of midwives is clearly shown by the conditions found in cases handled by them. Of babies examined where cases had been cared for by midwives a high percentage of umbilical hernia and some eye infections were found as against a very low percentage where the cases were delivered and cared for by physicians. As an indication that in many instances it is only necessary to point out the defect to have the child given proper care, it was learned before the nurses left the county that thirty-two babies examined at the clinics had been taken to physicians for corrective care.

Detailed statistical report follows:

MARCH, 1923

Midwives meetings held.....	2	(Col.)
Midwives in attendance at meetings.....	62	
Midwives given individual instruction.....	42	
Mothers' meetings held.....	4	
Mothers instructed	634	
Births registered	17	
	White	Col.
Instructive home visits made.....	328	288
Infant Welfare Clinics held.....	9	6
Babies examined at clinics.....	168	217
Number babies breast fed.....	118	204
Number formulae given	30	17
Number of babies delivered by physicians.....	162	10
Number of babies delivered by midwives.....	6	207
Number normal	82	69
Number with defects	86	148
Number with infected eyes	4	11
Number pieces of prenatal and infant care literature distributed to individuals on request.....		2,206

BUREAU OF CHILD WELFARE

Continued

The Chief Health Officer of South Africa in an address on "Public Ill Health" recently given in Johannesburg, pointed out that money spent on child hygiene and sanitation actually produced money. He stated that from every point of view the human crop is the most valuable crop which any country raises, that "the State in this respect is in much the same position as a fruit farmer and its people may be likened to the trees of an apple orchard."

For the best results intelligent care and supervision is necessary from the earliest stage and at every stage. It is some years before trees begin to yield a return, then come years of fruitfulness, and finally decay and death.

The loss of destruction of young trees before coming into bearing or during the early years of bearing is especially serious; old trees with most of their fruitful period passed are less valuable.

The yield of the human crop, apart from its reproductive activities is work; on the farm, in the factory, or mine or office wherever men or women are earning their bread by honest toil. Part of their earnings go to support themselves and their families and dependents, but part remains to the credit of the individual and State of which it increases the valuation, the revenue and the resources.

BUREAU OF SANITARY ENGINEERING

George W. Simons, Jr., S. B., Chief Engineer

THE PERSONAL EQUATION

History is interesting because it tells us vividly what took place in the past; history records the numerous incidents, happenings and experiences which have moulded our present lives. One of the most historical records existant today in Florida are the many annual reports issued by the State Board of Health, especially those under the regime of Dr. Joseph Y. Porter. Unfortunately so many of our people look upon an annual report as a mere incident or routine which has to be and consequently never read or study them, but for one interested in real history there are no better records available in Florida than these reports.

Unquestionably the story of health work development under Dr. Porter from 1886 to 1917 cannot be equalled elsewhere in the United States. His numerous letters, reports, edicts and advices read as a romance, a story.

In one of his reports, Dr. Porter makes reference to laws and law breaking. What he says is so apropos to us of today that we consider it advisable to reprint it here for study:

"Of making laws there is no end—to their enforcement there is a decided limit.

"There is no reason to believe that Floridians are much below—or above—the average in their disregard to law. Most of us would be grieved—perhaps angry—to be told that we are habitual law breakers, but it's a fact. We don't commit murder, we are not highwaymen, we don't steal, we pay the grocer and the tailor, we are tolerably regular in attendance on Sunday church services, and we pride ourselves that we are pretty decent citizens.

"It's all right as far as it goes, but there are some other debts we don't pay, some very important laws we break regularly and often, and the worst of it is that when it's proved to us, we smile and, in fact, we don't care.

"Every intelligent citizen knows that good health, personal and community, is the basic fact of individual and community prosperity. In other words, if we are weak and sickly, if we don't have physical health and strength, all the rest is hardly worth while.

"The statute books of Florida carry some very important enactments, which were put there to conserve the public health of Florida citizens, and as the public is made up of individuals; they are intended to protect the individual in his inalienable right to health and to be protected from the results of his neighbor's sins of selfishness, neglect and wilfulness.

"These laws are the concrete expressions of long experience, observation and study, not by Florida doctors and sanitarians alone, but the aggregated wisdom of leading scientific men everywhere. They are not the 'whims and foolishness of doctors,' but they are the results of the combined wisdom of doctors, than whom no body of men has accomplished more for the welfare of mankind. Only the ignorant and narrow minded will question the statement.

"Why aren't the health laws of Florida enforced universally instead of spasmodically or not at all? One reason is that, excepting under extreme and unusual conditions, when we can't help the personal application, most of us apply them to the other fellow and not to ourselves. We don't and won't recognize ourselves as the real offenders.

"Another reason is that because we don't immediately see the why and the importance of this or that enactment for the protection of health, we conclude that it isn't worth while anyway and promptly forget it.

BUREAU OF SANITARY ENGINEERING**Continued**

"Still another reason of the failure to enforce these laws is the personal relationships of public officials, (sworn to enforce these as well as all other laws) to proven offenders. There's the fear of weakening political pull. Take an example; it's based on facts, only the names are fictitious. A representative of the State Board of Health sees on Tom Jones' fruit stand a lot of fruit and vegetables, 'intended to be eaten without being washed,' unscreened and exposed to a swarm of flies. He protests, hears an excuse and gets a promise that the conditions shall be remedied, which, of course, isn't done, because Tom doesn't have to.

"Gathering evidence and witnesses the complaint formally written out, is handed to Bill Smith, the jovial public prosecutor, and the complainant as a citizen of the State demands that the fruit be covered and that Tom Jones be punished. Now Tom has been doing this same thing for years, but Bill knows Tom personally and knows that he's a pretty decent fellow, and when the Board representative goes, the memoranda are promptly stuffed into a pigeon hole to gather the dust of weeks or months, perhaps of years.

"What's the real remedy? In the present apathetic condition of public sentiment (in many, not all Florida communities) nothing short of an epidemic of typhoid fever or other disease, traceable directly to these unremedied offenses against reasonable health regulations. Of course, such a cure of law breaking would be expensive in life and funeral expenses but in practically every county and community in Florida such unremedied conditions exist, unprotested and inviting the visitation of disease and death.

"These mysterious dispensations of Providence are no mysteries at all; they are the direct, traceable results of the more or less deliberate fractures of law, moral and civic.

"There would be small sympathy for the man who rushed in front of a locomotive racing along at sixty miles an hour. The sympathy would be reserved for the family and friends, and if any were left for him, it would be "poor fellow, he was crazy." He would have met his death by violation of a natural law and he knew perfectly well the result of such violation. He would be no more and no less deserving of sympathy than the hundreds who daily violate known health laws, written or unwritten."

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

ASSUMING AND SUPPOSING WITH TYPHOID FEVER

According to the report of the Bureau of Census, more than 8,000 persons died from typhoid fever in the registration area of the United States in 1921. On the assumption that the death rate for the entire country was the same as for the registration area, which comprises 82 per cent of the population, the total number of deaths from typhoid fever was reckoned to be 9,756. For the sake of this computation, suppose 9,756 persons, all happy and well, are vaccinated against typhoid. How many of them will contract the disease and how many will die? The answer may be found in the incidence of the typhoid group of diseases in the American Expeditionary Forces, the entire personnel of which were vaccinated, noted by Vaughan in The Journal of the American Medical Association for April 24, 1920, as less than 0.1 per cent. The mortality from typhoid among 270 soldiers previously vaccinated who had cases of typhoid, proved by bacteriologic tests, was 11 per cent. If these percentages were applied to the 9,756, who, it will be assumed, had all been vaccinated, only 9.8 persons of that number would have contracted typhoid fever, and of these only one would have died. Deducting the one person who probably would have died even though he had been vaccinated from the 9,756 who died leaves 9,755 who we assume died needlessly because they neglected to be vaccinated. We suppose all of these unfortunate persons assumed they would never have typhoid fever.—"Indiana State Board Health."

* * * * *

Public health is purchasable, but Florida is not buying its share.

* * * * *

Having good health is like having money in the bank; both give you that comfortable feeling.

* * * * *

Health is our most priceless possession and upon it we depend for whatever measure of success and happiness that may come to us as we go through life.

* * * * *

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
110	Mr. J. L. Sumner,	R. F. D. No. 1, Bell, Fla.
27147	Mrs. C. S. Edwards,	Inglis, Fla.
28057	Miss Lessie Chason,	Smith Creek, Fla.
32077	Mrs. Lillian R. Sexton,	Key Largo, Fla.
47207	Mr. W. T. Boswell,	Rt. 1, Box 42. O'Brien, Fla.
51187	Mr. Clement C. Taylor,	Santa Rosa, Fla.
52097	Mrs. Clara Stapleton,	Fbro, Fla.
58057	Mr. L. R. Skipper,	Ft. Green, Fla.

BUREAU OF VITAL STATISTICS

Continued

"No health department, State or local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring."

MORBIDITY

Notification of 1,123 Cases of Sickness has been received during March as compared with 3,214 for the same month last year.

Diseases	Total Cases	By Weeks March, 1923				Weekly avg. for 4th. Mar. 1922
		1st.	2nd.	3rd.	4th.	
Cancer	30	2	0	1	27	1 B
Chancroid	15	5	1	8	1	5
Chicken Pox	73	9	16	34	14	16
Dengue	1	1	0	0	0	0
Diphtheria	32	9	12	6	5	15
Dysentery	8	0	2	2	4	0 A
Epi. Meningitis	1	0	0	0	1	0 A
Ger. Measles	4	0	0	3	1	0 A
Gonococcus	77	17	18	30	12	40
Hookworm	89	42	14	7	26	373
Influenza	98	25	16	8	49	61
Malaria	19	6	3	3	7	11
Measles	174	31	41	45	57	8
Mumps	4	1	2	1	0	0 A
O. Neonatorum	1	0	1	0	0	0 A
Pellagra	11	0	1	2	8	1 B
Pneumonia	115	8	6	5	96	4
Poliomyelitis (A)	1	0	1	0	0	0 A
Scarlet Fever	7	2	5	0	0	2
Small Pox	44	6	14	12	12	17
Syphilis	148	31	21	32	64	44
Tetanus	2	0	0	0	2	0
Tuberculosis	89	8	11	11	59	25
Typhoid Fever	55	8	21	11	15	11
Whooping Cough	25	0	1	12	12	0 A

A—Less than one.

B—More than one but less than two.

BUREAU OF VITAL STATISTICS

Continued

Reported Cases of the following diseases for March, 1923:

Counties	Ty-phoid	Mal-aria	Small Pox	Diph-theria	Meas-sles	Pneu-monia	Sy-philis	Gonor-rhoea
STATE	55	19	44	32	174	115	148	77
Alachua	1	..	2	2	..	4	..	..
Baker .....	..	..	..	..	..	..	1	1
Bay .....	..	..	2	3	..	3	3	4
Bradford	1	..	1	..	..	..	..	..
Brevard .....	..	..	..	..	..	1	..	..
Broward .....	..	..	..	..	..	..	1	1
Calhoun .....	..	..	3	..	1	1	..	..
Charlotte .....	..	..	..	..	..	..	..	..
Citrus .....	..	..	..	..	..	..	..	..
Clay	1	..	1	..	..	1	..	1
Columbia	1	2	..	..	..	4	..	1
Dade	4	1	..	1	26	1	1	..
DeSoto .....	..	1	..	..	..	..	..	..
Dixie .....	..	..	..	..	..	..	..	..
Duval	3	2	11	5	70	18	107	44
Escambia	6	..	..	1	..	..	..	..
Flagler .....	..	..	..	..	..	..	..	..
Franklin .....	..	..	..	..	..	..	..	..
Gadsden	1	1	..	..	..	9	3	2
Glades .....	..	..	..	..	..	..	..	..
Hamilton .....	..	..	1	..	..	..	..	..
Hardee	4	..	2	..	..	..	..	..
Hernando	1	..	..	..	..	..	..	..
Highlands .....	..	..	..	1	2	..	..	..
Hillsboro	9	2	..	10	17	5	17	14
Holmes .....	..	..	..	..	..	2	..	..
Jackson .....	..	..	..	..	..	1	..	..
Jefferson .....	..	1	..	..	..	..	..	..
Lafayette .....	..	..	..	..	..	..	..	..
Lake .....	..	..	..	..	22	2	1	..
Lee	1	..	..	..	..	..	1	..
Leon .....	..	..	2	..	..	4	..	..
Levy .....	..	2	..	..	..	..	..	..
Liberty .....	..	..	..	..	..	1	..	..
Madison .....	..	..	..	..	9	4	..	..

BUREAU OF VITAL STATISTICS

Continued

Reported Cases of the following diseases for March, 1923:

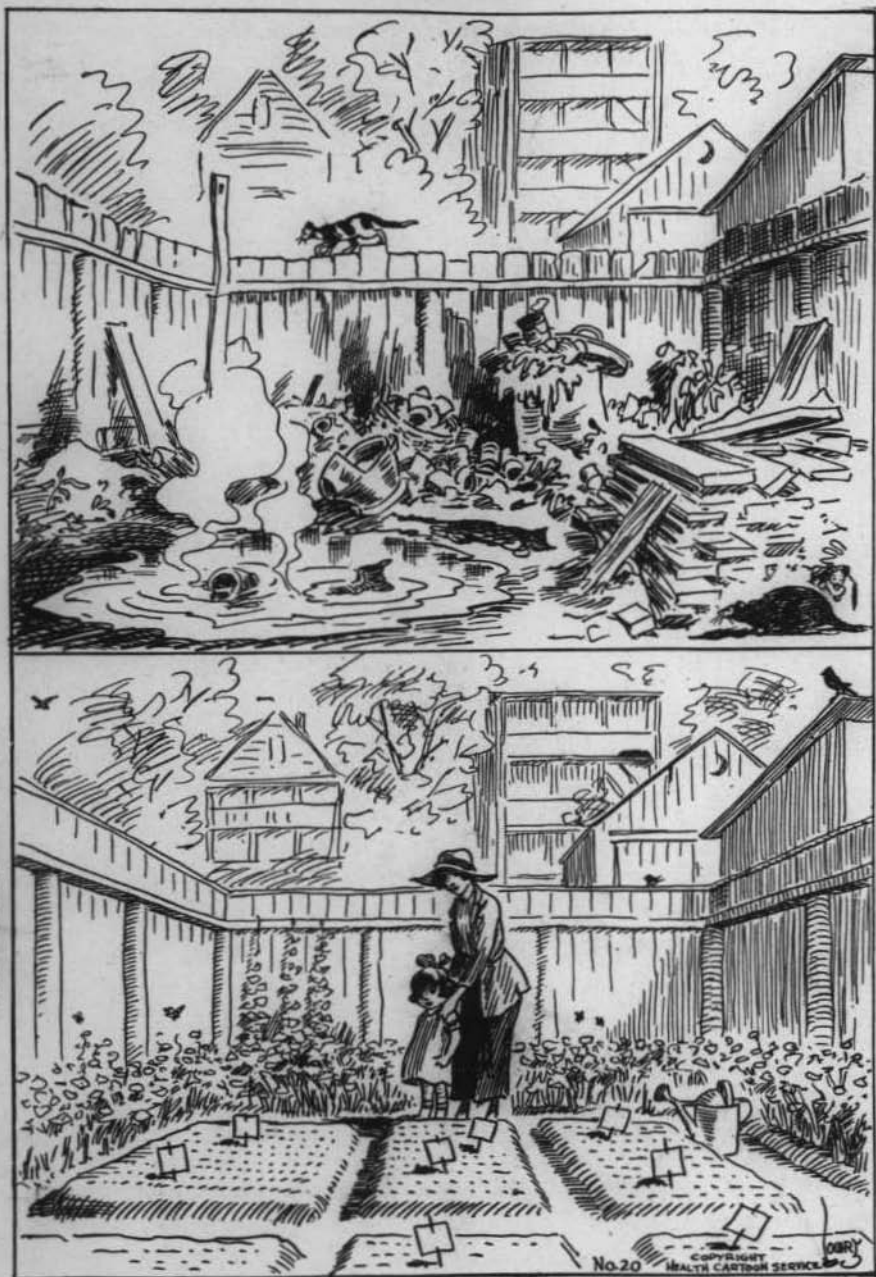
Counties	Ty-phoid	Mal-aria	Small Pox	Diph-theria	Mea-sles	Pneu-monia	Sy-philis	Gonorrhoea
Manatee	2	..	..	..	1	1	1	1
Marion .....	..	..	..	1	..	2	..	..
Monroe .....	..	..	..	..	..	1	..	..
Nassau .....	..	..	..	..	..	..	..	..
Okaloosa .....	..	..	..	..	..	1	..	..
Okeechobee .....	..	..	..	..	..	..	..	..
Orange	2	1	..	..	..	3	..	..
Osceola	1	..	..	..	..	1	..	..
Palm Beach .....	..	..	..	..	..	1	..	..
Pasco .....	..	..	..	1	..	1	..	..
Pinellas	1	..	7	4	8	12	1	2
Polk	5	1	1	2	17	5	..	1
Putnam .....	..	1	..	..	..	2	1	2
St. Johns	1	..	1	..	..	7	..	1
St. Lucie .....	..	..	9	..	1	1	1	..
Santa Rosa .....	..	..	..	1	..	5	..	..
Sarasota .....	..	..	..	..	..	..	..	..
Seminole	3	3	1	..	..	1	1	1
Sumter .....	..	..	..	..	..	2	..	..
Suwannee .....	..	..	..	..	..	1	..	..
Taylor	3	..	..	..	..	..	6	1
Union .....	..	..	..	..	..	1	..	..
Volusia	4	..	..	..	..	6	2	..
Wakulla .....	..	1	..	..	..	..	..	..
Walton .....	..	..	..	..	..	..	..	..
Washington .....	..	..	..	..	..	..	..	..

Cities (Following figures are included with County Totals):

Jacksonville	2	2	10	5	65	13	107	44
Tampa	6	1	..	7	7	1	12	9
Miami	2	1	..	1	26	1	1	..
Key West .....	..	..	..	..	..	1	..	..

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one, but if the latter, you and your family are not receiving proper protection.

Is Your Back Yard A Menace



Or a Blessing?

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LABORATORY.
25TH. & EAST STREET.
WASHINGTON, D.C.

FLORIDA



HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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VOL. 15

JUNE, 1923

NO. 6

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

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RABIES

Rabies, undoubtedly one of the oldest known diseases, is an acute specific rapidly fatal infection communicated from rabid animals to other animals, including man, usually through a wound produced by biting.

The incubation period, although variable, is fortunately relatively long, lasting as a rule from one to two months. The average period of incubation is forty days for man and from twenty-one to forty days for dogs. The period of incubation depends largely upon the site of the wound.

Briefly, the symptoms are those of excitation ending in depression of the central nervous system with a final destruction of its functioning power. The intense and morbid anxiety characterizing the onset shades gradually into delirium and mania to which death soon comes in merciful relief. Rabies is the most fatal disease known and, when once established ends invariably in death.

The symptoms of rabies are quite characteristic and may be divided into two types, viz., the furious, violent or irritable and the dumb or paralytic type.

In the former type, following the period of incubation, which is usually between three weeks and three months, a marked change in the disposition of the animal is first noticed. An affectionate dog may become morose and depressed, while a snapping, treacherous animal may become cowardly or affectionate. During this period, the dog has an irresistible tendency to roam and if prevented will fight or bite at the restraint or at anything that interferes with his freedom. This continues for probably two or three days during which he wanders around in a nervous, irritable condition. While his methods of defense are always highly developed or exaggerated he will seldom attack persons or other animals without provocation. When he returns home from his wanderings he usually seeks quiet, secluded places. During the roving period he exhibits an inclination to eat or chew indigestible objects such as rags, leather, straw, feathers, sticks and even pieces of coal, which are often swallowed. The secretion of saliva appears to be excessive at times owing to inability to swallow and it becomes frothy from the champing of the jaws. Foaming at the mouth, however, is not a constant symptom of rabies and it is frequently misleading in that it occurs in other diseases. The common opinion that a rabid dog is afraid of and avoids water is erroneous; dogs, during the wandering stage of rabies, have been known to swim creeks and streams in their wanderings; they appear to be afraid of nothing during the progress of the disease. A paralysis of the throat which sets in early causes the dog's voice to change from a normal bark to a long, drawn out, wailing bark, not unlike the yelping of a coyote. As the paralysis extends, barking and swallowing becomes impossible and the jaws gradually become paralyzed, causing the lower jaw to drop and the tongue to hang out, which causes it to collect dirt and appear dry and darker in color. At this period the pupils of the eyes appear to be dilated and the hind legs become paralyzed. Death follows in from four to eight days after the development of the first symptoms.

The dumb or paralytic form of rabies is a less frequent type and is characterized by the early appearance of paralysis without the frenzy, irritability and wandering of the furious type. A dog affected with this type is less capable of doing damage and is usually depressed and seeks quiet, secluded

ADMINISTRATION

Continued

spots to hide. Usually the first noticeable symptom is the paralysis of the lower jaw with its accompanying protrusion of the tongue. The progression of the paralysis is rapid and death usually results in from one to three days.

Infection with rabies may occur in other ways than by a bite; the mere licking of the bare hand or face by a rabid animal may result in infection if cuts or abrasions exist. The safest way is to handle any sick animal with thick gloves and the face protected until the nature of the disease is known. While bites through the clothing may result in infection, this does not occur so readily as those on the unprotected portion, particularly the face. Bites or infection on the face are particularly dangerous by reason of their close proximity to the nervous system.

The diagnosis of rabies is more or less uncertain unless confirmed by a laboratory examination of the brain substance for "Negri bodies."

A dog suspected of being rabid should not be killed, unless safety requires it, but should be securely chained within an enclosure away from animals and humans. If suffering from rabies, the dog will die within four or five days. If the dog is alive and well at the end of ten days, it may be released from confinement without danger. When it is necessary to kill the dog, the head should be kept as near intact as possible, that is, the brains should not be blown out or crushed by a blow on the head. The head should be immediately packed in a watertight container which should be packed in ice and sawdust, and shipped to the nearest laboratory for examination. In cutting the head from the body, care should be taken to avoid infection by wearing thick gloves; hands, tools and gloves should be thoroughly disinfected after the operation. The carcass should be burned or buried deep in the ground after the severance of the head.

Rabies can be more speedily and effectively controlled than any other preventable disease. Every city or town can handle its own rabies by the inauguration and energetic prosecution of two very simple measures of control.

The first is the immediate destruction of all ownerless dogs, which class includes mongrels, curs and hounds which run the streets. While this procedure seems to be a brutal one to the sentimentalist it can be readily seen that killing the ownerless dog which never has sufficient to eat or drink, and is in reality an outcast, is a humane way of putting him out of misery.

The second measure is that of muzzling. A properly adjusted muzzle will not harm any dog—in fact it is a protection in that the only time it is removed is in the owner's yard and for feeding purposes. It removes the danger of the animal eating poisoned meat, etc. A muzzling ordinance should be prepared and enforced continuously until sufficient time has elapsed to show that the danger of the disease has disappeared. In preparing the muzzling ordinance, the kind of muzzle should be specified, one of metal being preferable.

The adoption of measures for the control of rabies is an important one and should not be slighted, and while some opposition will be met by those who claim to be humanitarians, a few concise but well defined ordinances will bring the rabies incidence down to practically nothing.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

On the back cover of this issue appears a "Good Roads" cartoon.

The State Board of Health desires to make it as easy as possible for all to keep on the smooth stretch in the middle not only for your sake but for the sake of the state also.

An epidemic of smallpox in a well vaccinated community is an impossibility, yet, in spite of the fact that it is easy for each individual to obtain immunity there are many who neglect the simple procedure.

If an adult contracts smallpox he has no one to blame but himself, while if a child contracts the disease either his parents or his guardian has failed to fulfil his trust.

The State Board of Health keeps a fresh stock of vaccine virus on hand at all times at the laboratories, though any large supply should always be obtained from the Central Laboratory at Jacksonville.

During the three years ending December 31st, 1922, 138,210 capillaries of vaccine virus were sent out from the Central Laboratory for use in the state.

Many large employers of the state demand protection against smallpox as a pre requisite to employment, and others if there is a case, demand that all employees be vaccinated.

Why wait until others are stricken before you are protected?

Public Health Reports of December 22, 1922, gives the figures from a smallpox outbreak in Denver, Colorado, November 1st, 1921, to November 30th, 1922, during which time there were 854 cases and 263 deaths, a mortality of over 30%. The vaccination history is as follows:

182 had been vaccinated and 672 had not. The mortality among those who had been vaccinated was slightly under 13%, while among the unvaccinated it was slightly over 35%.

A study of the interval between vaccination and contracting the disease shows an average of 38 years. 75% were vaccinated more than 25 years previously and 90% more than 15 years, while 13 were vaccinated after exposure.

With the exception of those vaccinated after exposure there were no cases among those vaccinated within 5 years.

SURELY THIS MAKES A GOOD ROAD TO TRAVEL.

* * * * *

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING APRIL, 1923

	Jackson- ville	Tampa	Pensa- cola	Miami	Talla- hassee	Total
Animal Parasites	521	260	68	25	95	969
Diphtheria	383	174	42	62	5	666
Typhoid	171	232	36	25	6	470
Malaria	284	223	30	25	36	598
Rabies	15	9		1		25
Tuberculosis	210	89	21	18	17	355
Gonorrhoea	203	99	24	30	3	359
Syphilis	1245	365	2			1612
Water: Bact. Ex.		24	1	20		45
Water: NaCl Cont.			87	20		107
Milk: Bact.	19	8		150	29	206
Milk: Chem.	20	8		581	1	610
Miscellaneous	15	25	8	13		61
	3086	1516	319	970	192	6083

BUREAU OF DIAGNOSTIC LABORATORIES—Continued

Specimen Containers distributed, 2581.

BIOLOGICAL PRODUCTS SENT OUT DURING APRIL, 1923

Diphtheria Antitoxin	10,000 Units	64
	5,000 Units	18
Toxin Antitoxin	10's	3
Tetanus Antitoxin	10,000 Units	6
	1,500 Units	125
Schick Test	10's	3
	100's	2
Antimeningococcus Serum		8 Cylinders
Typho Bacterin		1025 Packages
Vaccine Virus		520 Points
Anti Rabic Treatments.....		54 Treatments

BUREAU OF ACCOUNTING**Screven Dozier, Auditor****MONTHLY FINANCIAL STATEMENT, FEBRUARY, 1923****RECEIPTS**

Balance from January, 1923.....	\$18,449.37
February, 1923, Receipts.....	5,652.21

Total.....	\$24,101.58
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DISBURSEMENTS

February, 1923, Disbursements.....	9,818.28
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Balance.....	\$14,283.30
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MARCH, 1923**RECEIPTS**

Balance from February, 1923.....	\$14,283.30
March, 1923, Receipts.....	8,238.27

Total.....	\$22,521.57
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DISBURSEMENTS

March, 1923, Disbursements.....	10,778.58
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Balance.....	\$11,742.99
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DISBURSEMENTS FOR MARCH, 1923, ITEMIZED

Administration	\$ 2,142.86
Engineering	1,507.57
Laboratories	2,474.26
Child Welfare	143.25
Vital Statistics	1,419.89
Biologics	1,871.13
Communicable Disease	1,074.12
Multigraph	145.50

	\$10,778.58
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BUREAU OF CHILD WELFARE**Laurie Jean Reid, R. N., Director****THE VALUE OF EARLY CARE IN ORTHOPAEDIC DEFECTS**

Figures derived by comparison in population with states where accurate child surveys have been made indicate that there are about two thousand crippled children in Florida under the age of fourteen years. These poor little bent and deformed youngsters are beginning the race of life with varying degrees of physical handicap, some so severe that they cannot possibly be overcome, others less severe which can be cured by proper treatment or the child made into a self-supporting adult in spite of the physical handicap by proper educational training along lines compatible with the disability.

Statistics show that fifty per cent of these disabilities are curable and that twenty-five per cent can be benefited by treatment if they are recognized early in the course of their development and proper treatment instituted. A few of the most common deformities and crippling diseases of childhood will be described with the hope that by putting parents on guard and pointing out the danger signals to them fewer and fewer crippled children will pass through their narrow and restricted little lives with the vain hope that they will outgrow their deformities, only to reach a handicapped adult life and find the golden opportunity of being cured in the unrecallable past.

Club feet, one of the very distressing deformities of childhood occurs once in every one thousand births. It is perfectly apparent to the mother that the child's foot or feet are not normal. They are turned in with the soles facing each other or even facing upward and backward. The toes are spread out like a fan and the heel is small and drawn upward. The mother cannot, without force, place the foot in the correct position. If this child is, within the first month of life, placed in the hands of a competent doctor who understands the correction of these deformities, the disability can be entirely corrected without any mutilating operation and the child's feet made perfectly normal in practically every case. If the parents think, however, that the child will outgrow the trouble and put off having anything done for it, the deformity will grow progressively worse after the child begins to walk and will eventually get to the point where it cannot be cured at all, operation only sufficing to make the feet more useful and less deformed. Alas, how often, however, do we see children with this deformity whose parents have been told by some well-meaning but misinformed friends, that they will outgrow the deformity or that they will have to be three or four years old before it can be corrected. **THE TIME TO CORRECT CLUB FOOT DEFORMITIES IS DURING THE FIRST MONTH OF THE CHILD'S LIFE.**

Hare-lip and cleft palate, those horribly deforming defects of development of the upper lip and roof of the mouth, where the lip is split up into the nostril and the roof of the mouth opens into the nose, can best be cured by operation while the baby is from two weeks to a month old. The bones of the upper jaw are soft at this time, they have no teeth to interfere with the operation, babies of this age stand operations of this kind very much better than older children and if the palate is repaired before the child begins to try to talk, there is a very much better chance of his pronouncing his words properly without the peculiar nasal twang, than when it is repaired after talking begins.

Tuberculosis of the joints, especially of the hip, spine and knee, are most common at ages from three to twelve years. They usually begin in this way:

BUREAU OF CHILD WELFARE**Continued**

The child sustains a slight bruise to the joint which is looked upon at the time as of very slight importance. Within a few weeks there appears a slight stiffness of the muscles about the affected region, the child develops a slight but noticeable limp or if the spine is the point of involvement the child will avoid bending its back and when picking up things from the floor will squat down and arise with the assistance of one hand on the knee rather than stoop over and bend the back. These symptoms persist for several weeks without improvement. Perhaps the child feels a little feverish in the evening and occasionally wakes with a start and a cry in the middle of the night. These things almost invariably point to tuberculosis as the cause of the child's symptoms. If left untreated, their lot is a pitiable one indeed. Permanently crippled, deformed, a life of pain and frequently death as the blessed end of years of tragic suffering. If these early signs of the disease are recognized and heeded by the parents and proper and efficient treatment instituted immediately, the outlook for a cure without deformity is most encouraging. *No child should be allowed to go with a limp, a stiff or swollen joint, or a stiff back for more than two weeks without an examination by a competent physician and an X-ray examination.*

Infantile paralysis, that scourge of childhood which in one summer, not many years ago, visited and left crippled several thousand children in New York, can be divested of many of its distressing sequels if certain information can only be placed in the hands of those on whom the care of these little victims devolves. It fortunately rarely occurs in large epidemics as was the case in New York, but yearly leaves in its path scattered cases of youngsters with one or more limbs which are thin, withered, flabby, powerless, and at times contracted and deformed. It may not be possible to recognize the disease early enough to give the curative serum but anyone can recognize it when paralysis of the muscles has supervened. At this time much can be done to aid in restoring the strength of paralyzed muscles and preventing the development of deformities. The affected muscles must never be allowed to become over stretched or fatigued. Mild exercise and massage sufficient to promote the circulation of new blood to the affected muscles is of advantage. When one set of muscles is paralyzed and its antagonist group is not (as for instance when the muscles which raise the toes and bend the ankle upward are paralyzed and those which depress the toes and bend the ankle downward are not) then the normal muscles tend to overpower and overstretch the paralyzed ones. This should always be prevented in the early stages of the paralysis by the application of light splints arranged for this purpose. Thus you see with care a case which is at first almost hopeless looking, can be piloted through the first year, the most critical period, and emerge with a very slight evidence of remaining paralysis.

If the above attempt to put into the hands of the readers of FLORIDA HEALTH NOTES a few of the outstanding facts about the problems of the crippled child should result in the prevention of disabilities in one single child, the writer would feel amply compensated for his efforts.

J. KNOX SIMPSON, M. D.

BUREAU OF COMMUNICABLE DISEASE**T. A. Blinn, M. D., Acting Director****TYPHOID AND PARATYPHOID FEVER**

Because of their practical identity in sanitary features and because of the concentrated efforts of clinicians, bacteriologists and sanitary engineers to control and eliminate the disease from our cities, towns and rural districts by means of immunizing vaccination and correction of faulty methods or habits in the disposal of human excreta, the two diseases, typhoid and paratyphoid, are without doubt the most interesting in that they are so responsive and willing to be led (by proper and energetic methods of control), to a hasty death.

Typhoid fever can be prevented; the source of infection can be eliminated; the disease can be eliminated by vaccination, control of the carrier and sanitary precautions.

A few years ago one person in every four hundred of the population of the United States had typhoid fever. In 1921 there were 8,007 deaths from typhoid in the registration area of the United States. On an average there are ten times as many cases of typhoid fever as there are deaths from the disease. This would give over 80,000 cases for the year 1921 in the registration area of the United States; of these cases probably 300 chronic carriers were turned loose upon our communities.

The organism of typhoid is essentially a human parasite and finds few environments outside the human body favorable to its multiplication. One principal exception to this rule is milk, in which the bacillus multiplies rapidly for a short while. Water is very frequently a carrier of the typhoid bacilli.

(Modes of Transmission)—While the typhoid bacillus may reach its human victim by means of water, milk, food, flies, and by direct contact, we must always bear in mind that *a case of typhoid means that the victim has received into his digestive tract the bowel discharges of some other person.* The only exceptions to this are those few who are infected by sputum spray or nasal discharges of patients who happen to have the bacteria in the throat or nose.

Water is often the source of infection as it is frequently contaminated by excreta leakage from sewers, cess-pools, pits, improperly built or carelessly kept yard toilets.

Milk is frequently contaminated by those who have the handling of it in its production and distribution, from the hand of the milker to the delivery at the door of the consumer. To a typhoid carrier employed on a dairy. To a faulty technique in sterilization of the cans, pails and bottles. To the flies on the dairy premises (they having come in contact with typhoidal discharges.)

Food occasionally contaminated at the hands of the cook who is a typhoid carrier, also from the discharges of a typhoid patient or carrier through the medium of the fly.

It has been definitely proven that flies can carry typhoid bacilli on their feet and in their digestive tracts; that they deposit bacteria wherever they alight, has been demonstrated. Wherever human excrement bearing these bacteria is deposited, there will be found the fly. If no barrier is erected against him, he will promptly carry his burden of disease laden filth through the kitchen doorway to the eating room and on the food, on the dishes and utensils, to the sleeping rooms, the nursery where is found the sleeping babe.

You have been told of contamination at the hands of the typhoid carrier who handles milk or food (the milker or cook). It is by this means that the typhoid carrier most frequently spreads his infective excreta broadcast. The carrier condition is the most prolific cause of endemic typhoid fever in any

BUREAU OF COMMUNICABLE DISEASE—Continued

community, while he may give rise to extensive epidemics at times. All active cases are carriers for a period of two to eight weeks after fever has subsided. Some few become chronic carriers, discharging typhoid bacilli constantly or intermittently for years, or even a lifetime.

(Methods of Control)—The individual cannot protect himself against typhoid fever unaided, save by the regular use of typhoid vaccine. The problem involves individual, household and community cooperation. Cooperation in this case means that everybody must be clean. Cleanliness is necessary and we can substitute for cleanliness "Sanitary." We should cooperate to live in sanitary (clean) surroundings. This means much, for if you will stop to think, you will quickly see that for your breakfast, dinner and supper you may be having a generous portion of excreta brought from your yard or some of your neighbors' yards by the dozens or hundreds of flies after they have been feeding and enjoying themselves in your yard or your neighbors', or in the auto-camps which you are harboring in your community and which may not have been constructed in a proper manner to take care of the human excrements. Individuals in auto-camps may be those very typhoid carriers, undoubtedly are.

We should be able to eliminate the typhoid carrier from being in a position where he handles our food; we should be able to find the carrier; he would be only too happy to rid himself of the dangerous bacteria or organism by means of proper treatment.

A high degree of immunity can be produced by means of prophylactic "vaccine." To this agent we owe the remarkable record of our Army. In 1910 the ratio of cases to 1,000 of mean strength was 2.43. In 1914 the figure was .07. Compulsory vaccination against the disease began in 1911.

Immunity from vaccine continues for about two years, if a preparation of good quality is used. An attack of the disease will often confer immunity for life, but this is not constantly true.

Until public intelligence is aroused to the point of demanding a thoroughly scientific attack upon the disease, typhoid fever will continue to reap its annual harvest of death.

The State Board of Health of Florida supplies, free of charge, the material (or vaccine) to immunize against typhoid fever. You may write to the State Board of Health at Jacksonville, Florida, asking for any information, for literature, for advice on subjects of a public health nature and your letter will be referred to the proper department for reply.

NOTES FROM EAST COAST DISTRICT

During the months of February, March and April there were over 450 school children who asked for and received the Schick Test; those found susceptible were given the immunization treatments by the State Board of Health representative and the local physicians who cooperated to the fullest extent in the work.

* * * * *

Schools were visited in Duval, Flagler, St. Lucie, Okeechobee, Osceola, Palm Beach, Broward, Suwannee, Bradford, Columbia and Baker Counties.

* * * * *

County Health Surveys of the twenty-two counties of the East Coast district were completed.

* * * * *

By request of the management of the Florida Industrial Farms, located west of Green Cove Springs, there were over 100 employees, as well as all school children living at the Farms, vaccinated against smallpox. This is the right kind of enterprise; more should follow.

BUREAU OF SANITARY ENGINEERING**George W. Simons, Jr., S. B., Chief Engineer****SOME BATHING SEASON ADVICE**

The swimming season is here. No state in the Union enjoys as many and such wonderful bathing places as Florida. With her many spring fed lakes, her many expansive, sandy ocean beaches and her many well equipped artificial pools, she stands as peer over all. There is hardly a community to be found which is inaccessible to a bathing place of one type or another and throughout the warm months of summer the highways and paths to these places of recreation and exercise are crowded with those who would avail themselves of the graceful art.

Few people stop to consider the sanitary qualities of any given bathing water. The average bather doesn't know or seem to care whether he is bathing in a reasonably clean and safe water or one diluted with sewage. Yet a casual talk with a family physician or with an eye, ear, nose and throat specialist discloses that eye and ear infections increase annually with the advent of bathing. Pink eye, sinus infections and others, painful and disagreeable, make their appearance during the bathing season.

Bathers should only use those establishments operated in a cleanly manner, places whose owners or operators have some sense of cleanliness. Bathers should not tolerate filthy, unsanitary conditions in the water or its surroundings. Dirt and filth is frequently carried into the water on feet from unkempt surroundings. Every bather should have a feeling of regard for his fellow bather and not contribute uncleanness to water in any manner.

Bathing resorts, if streams, should be located remote from raw sewage outfalls. Likewise, no bathing place should be located where refuse or waste of any description is liable to gain access to the water.

Artificial pools should have walls kept clean and be filled with pure water only, kept in constant circulation. Bathers should not abuse a pool by carrying dirt into it on feet or bodies. Before entering an artificial pool common decency should prompt the bather to take a soap and water shower. If the bathing place operator provides no facilities for pre-bathing you will be conferring a favor on the community by reporting such place to the State Board of Health at once. If you have skin sores, an eye infection, a cold or anything else wrong with your head—stay out of the pool and don't expose yourself to others.

Do not stay in the water too long. Some experts place the time at 30 minutes. That is long enough—certainly 40 minutes is ample. Wear a bathing cap; it will protect your ears from sudden changes in water pressure and possibly protect you against a serious ear infection. These infections are common during the bathing season and you would do wisely to wear the bathing cap for a few minutes rather than suffer ear troubles and doctor's expense. The wearing of the bathing cap during bathing will prevent troubles to the ears.

WATER PURIFICATION IN FLORIDA

The greater part of Florida is supplied with water from the deep underground water bearing layers. This water in some areas is self flowing at the ground surface and in others must be raised. The deep seated waters are hard, being objectionable to the boiler operator and housewife, but from a hygienic standpoint are pure and safe. Because of this hardness some of our cities have installed softening plants to remove a considerable portion of the objectionable hardness. The first plant of this type in Florida was installed a number of years ago in Daytona; since then Daytona Beach, Ft. Lauderdale

BUREAU OF SANITARY ENGINEERING

Continued

and recently Vero have installed softening plants. The Vero plant was just placed in operation; it is more than a softening plant, it is a filter and aerator as well.

The filtration of surface waters is being practiced by a few cities, and being anticipated by a number more. Orlando installed the first filter plant in Florida during 1917 following a recommendation of the Bureau of Engineering. This initial plant served its purpose at the start but soon outgrew its usefulness and now Orlando is about to realize the most modern, up to date filtration plant in the South. The plant has been in course of construction for the past six months and will be placed in operation sometime during the current season. The West Palm Beach Water Company installed a modern filtration plant in 1919, a plant which is second to none in the South today. Recently the town of Moore Haven completed and commenced operating a new filter plant of the Roberts design—taking a surface water from the Three Mile Canal.

Water purification or refinement is being given much serious thought and study by many Florida communities. Tampa is probably making as intensive and comprehensive study of prospective water supplies as any community. During 1917 the Bureau of Engineering was called upon to study and report upon the existing Tampa water supply, also make some preliminary suggestions as to future sources. In that report the Hillsborough River was suggested as the principal visible source available for utilization subsequent to treatment. Judging from all current rumor and advices this early suggestion of the Bureau will soon be realized and Tampa will one of these days be drinking refined Hillsborough River water.

MOSQUITO CONTROL PROGRESS

Mosquito control work in Florida is progressnig nicely at this time. Already since January 1st, forty-four (44) municipal mosquito programs have been started, in addition to the great number of small community projects. New sanitary inspectors, employed primarily for mosquito work, have been employed in forty-one (41) communities. Twenty-eight (28) "Mosquito Day" programs have already been held and several more are scheduled for May and June.

Down in St. Petersburg the water works whistle is blown at ten o'clock every Saturday morning, to remind people to stop, look and find mosquito breeding places around their premises.

Lake City, Madison, Bradentown, Plant City, Clearwater, West Palm Beach are on the calendar for mosquito programs during May.

Down in Key West they are planning a tag day during which mosquito lapel buttons will be sold by pretty high school girls—this is one of Dr. Porter's stunts. The money collected in this manner will help defray the publicity expense.

"Keep everlastingly at it," is the watchword!

STATE CONFERENCE OF MUNICIPAL SANITARY INSPECTORS

In order to better equip city sanitary inspectors to do their assigned work more effectively the State Board of Health is arranging to hold a conference of all city sanitary officers in Jacksonville during the week of June 18th. During this period, lectures, field work and laboratory work will be given to all who attend. All cities having sanitary officers are urged to send their men to this training school. It will mean a more efficient health administration.

HERE AND THERE

HEALTH RULES FOR STUDENTS

Eat green vegetables and reach the pink of condition.

There is no pot of gold at the end of the rainbow—it's a pail of milk.

Let your family tree be a fruit tree. By the way, there should be a cow at the foot of your family tree.

Have horse sense and eat oatmeal.

Run your engine on four cylinders of water per day.

Just because you take a bath in private don't think the public can't tell whether you've had one.

He who cleans his teeth has good taste.

See that your two feet make a mile a day.

The best way to improve your memory and keep wide awake is not to forget to go to sleep.

Use a silver spoonful of red beets for a lipstick, let your rouge be concocted of creamed carrots, and get your vanishing cream from a cow—that's the way to be beautiful.—(C. H. Assn. in Current Events).

* * * * *

If you have not been vaccinated against typhoid in the past three years, it's time for another dose.

* * * * *

Disraeli, one of the greatest of England's prime ministers, once said: "Public health is the foundation upon which rests the happiness of the people and the welfare of the state."

* * * * *

The laboratories of the State Board of Health are operated to aid in the fight against disease; the scope of the work being the examinations of material for the diagnosis of any disease or condition of a bacteriological or parasitic nature dangerous to the public health. This includes free examinations for the diagnosis of diphtheria and other throat infections, typhoid, malaria, syphilis, gonorrhoea, ophthalmia, intestinal parasites, tuberculosis and rabies. Also examinations to determine the sanitary character of milk and water supplies (water examinations are made by the Bureau of Engineering).

THE LABORATORIES ARE AT YOUR SERVICE.

* * * * *

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
10017	Mr. J. W. Roberts,	Columbia, Florida.
10077	Mr. C. S. Rumph,	R. F. D. "A," Ft. White, Florida.
25087	Mrs. Marvin Carson,	Immokalee, Florida.
3704	Mr. I. L. Ricou,	Stuart, Florida.
3706	Mr. V. W. Roth,	Box 313, Okeelanta, Florida.
51167	Mrs. Jessie Eldridge,	Mossyhead, Florida.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

"No health department, State or local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring."

MORBIDITY

Notification of 941 Cases of Sickness has been received during April as compared with 1,682 for the same month last year.

Diseases	Total Cases	By Weeks April, 1923				Weekly avg. for Apr. 1922
		1st.	2nd.	3rd.	4th.	
Cancer	4	0	1	0	3	9
Chancroid	15	2	2	6	5	5
Chicken Pox	79	19	17	26	17	10
Dengue	5	4	1	0	0	0 A
Diphtheria	25	6	2	8	9	14
Dysentery	11	1	2	0	8	4
Epi. Meningitis	2	0	2	0	0	0 A
Ger. Measles	2	2	0	0	0	0 A
Gonococcus	86	24	8	12	42	35
Hookworm	71	22	24	10	15	213
Influenza	25	4	8	6	7	18
Malaria	28	9	9	5	5	10
Measles	276	58	55	60	103	5
Pellagra	2	0	2	0	0	3
Pneumonia	16	2	4	3	7	13
Scarlet Fever	10	0	1	7	2	2
Small Pox	13	7	4	2	0	10
Syphilis	115	11	25	24	55	32
Tetanus	1	0	0	0	1	1
Tuberculosis	53	15	16	12	10	21
Typhoid Fever	61	13	8	18	22	9
Whooping Cough	41	9	15	8	9	5

A—Less than one.

B—More than one but less than two.

BUREAU OF VITAL STATISTICS
Continued

Reported Cases of the following diseases for April, 1923:

[illegible]

BUREAU OF VITAL STATISTICS

Continued

Reported Cases of the following diseases for April, 1923:

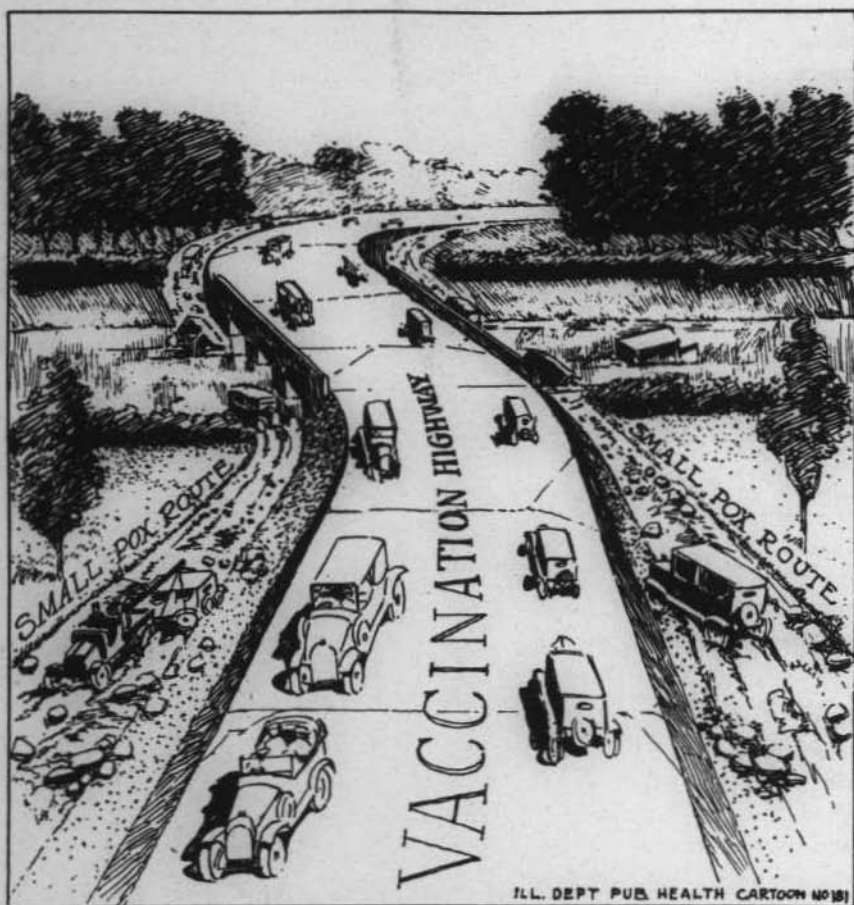
Counties	Ty- phoid	Mal- aria	Small Pox	Diph- theria	Mea- sles	Chicken Pox	Sy- philis	Gonor- rhea
Manatee	1	..	..	..	3	..	..	..
Marion	2	1	1	..	..	..	..	..
Monroe .....	..	..	..	..	..	..	..	..
Nassau .....	..	..	..	..	..	..	..	..
Okaloosa .....	..	..	..	..	..	..	..	..
Okeechobee .....	..	..	..	..	..	..	..	..
Orange	1	1	..	1	7	..	1	1
Osceola	2	..	..	..	..	..	..	..
Palm Beach	1	..	..	..	1	..	..	..
Pasco .....	..	..	..	1	..	1	..	..
Pinellas	4	1	3	1	5	1	..	2
Polk	2	1	..	1	10	..	1	..
Putnam	1	2	..	..	..	..	..	..
St. Johns	2	1	..	..	..	..	..	..
St. Lucie .....	..	..	1	..	..	..	..	..
Santa Rosa	1	..	..	1	..	..	..	..
Sarasota .....	..	..	..	..	..	..	..	..
Seminole	2	1	..	..	..	1	1	2
Sumter .....	..	1	..	..	..	..	..	..
Suwannee .....	..	..	..	..	..	..	..	..
Taylor .....	..	..	..	..	..	..	..	..
Union .....	..	..	..	..	..	..	..	..
Volusia	7	1	..	..	..	1	1	..
Wakulla .....	..	..	..	..	..	..	..	..
Walton .....	..	..	..	..	..	..	..	..
Washington .....	..	..	..	..	..	..	..	..

Cities (Following figures are included with County Totals):

Jacksonville	4	9	6	4	166	45	94	58
Tampa	2	1	1	4	11	3	7	3
Miami	2	1	..	3	4	..	..	2
Key West .....	..	..	..	..	..	..	..	..

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one, but if the latter, you and your family are not receiving proper protection.

LOOKS SILLY DOESN'T IT?
BUT SOME PREFER THE DIRT ROAD



THE BEST ROAD TO HEALTH IS PREVENTION

LIBRARIAN HYGIENIC,
LABORATORY,
25TH & EAST STREET,
WASHINGTON, D.C.

HYGIENIC LABORATORY
HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

6-1-23



HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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VOL. 15

JULY, 1923

NO. 7

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

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THE CARE OF THE TEETH

The care of the teeth of every individual should begin at least six months before birth, that is, the expectant mother should have the proper kinds of foods to build up a foundation for good teeth.

The child should be taken regularly to a competent dentist at least three times a year from the age of four years and should be schooled in the proper use of the tooth brush. The baby teeth should be filled, cared for and retained as long as possible until the permanent teeth take their place. The common belief that baby teeth need not be taken care of because "they will come out eventually anyway" is erroneous. Reports of school dental inspections show that at least twenty-five per cent of all children in kindergarten have a mouth infection resulting from baby teeth.

The child should be taken to a dentist skilled in the correction of dental irregularities as soon as the slightest irregularity is noticed. The earlier this is done, the easier it will be for the patient and the operator will have less difficulty in correcting the irregularities and directing the permanent teeth to their proper position.

Irregular teeth are subject to caries (ulceration or decay of teeth or bone) and, if not taken care of, are certain to cause some form of gum infection, the result of improper hygiene.

Proper manipulation of the tooth brush is most important and early instruction along this line is most beneficial. The habit of brushing and caring for the teeth properly is not hard to form. The teeth and gums should be brushed at least three times daily. The brush, of hard bristles, should be placed, bristles upward, as high as possible between the cheek and the gums over the second molar tooth with the handle of the brush at direct right angle to the teeth; the brush should then be brought with a downward motion of the wrist toward and over the teeth. The brush is placed in the same position over the bicuspid and so on around the teeth. For the inside of the upper teeth, the brush should be started in the center of the roof of the mouth and brought downward. For the lower teeth, the same general procedure should be adhered to, only the direction of the brush should be reversed. The brush is then used on the grinding surfaces of the back teeth with a slightly rotary motion, the bristles being worked down in the grooves or trenches in order to clear them of food particles. Dental silk floss should be used in the spaces between the teeth; in young children, however, care should be taken in the use of dental floss for the reason that the spaces between the teeth are filled with soft tissue.

There is little or no decay where teeth are kept free of food. If food is permitted to stick to the teeth, it ferments and forms a lactic acid which acts upon the teeth causing them to decay. The religious use of the tooth brush has saved many a tooth.

The dentifrice (tooth powder or tooth wash) should be recommended by a competent dentist to meet the requirements of each individual case.

Children should be taught early to eat foods they must masticate. This helps to stimulate the muscles of mastication and also to wear down the sharp edges of the newly erupted teeth thus preventing injury to the membrane or

ADMINISTRATION (Cont.)

tissue occupying the space between the root and bony socket of tooth by the teeth being constantly brought into contact. Hard enough foods should be eaten to exercise this membrane or tissue and wear down the teeth evenly so as to prevent injury to the dental membrane by the teeth coming into injurious relation with their opponents of the opposite jaw.

—Orville Cheatham, D. D. S.

"TEETH NOTES"

The nursing or expectant mother should have plenty of food that will help to build the baby's bones. This food will also help to build the teeth.

Candy is not good for the teeth. In fact, sweets of any kind should never be taken between meals, nor as the last food of a meal, but only along with food requiring mastication.

The cracking of nuts or hard objects is harmful to the teeth.

The infant should be given food requiring mastication as soon as it needs food other than milk (nine to twelve months) such as crusty bread, twice baked bread or crisp toast. This tends to form good habits of mastication and good teeth are likely to grow. Soft, starchy foods, flour added to milk and bread soaked in milk should never be given to a baby.

Rye bread, zwieback and cookies (not too sweet) will stimulate the teeth and make them strong and healthy.

Discourage eating between meals and then wash the teeth thoroughly after each meal.

Drinking between each mouthful is injurious. Liquids should be taken at the end of or between meals.

Irregular teeth, especially those which do not allow the mouth to close properly lead to faulty digestion, mouth breathing and other defects.

Bread should have plenty of good firm crust to encourage mastication.

Thumb sucking and the biting of fingernails is extremely harmful to the teeth besides being unclean habits.

Refrain from placing foreign objects of any kind in the mouth such as pencils, tacks, hairpins, unclean cigar and cigarette holders and pipe stems, pens, matches, tooth picks, etc.

The eating of fresh fruit at the end of a meal, particularly the last meal of the day, is very desirable in that fresh fruit is a cleansing food for the teeth.

Fresh fruits, particularly apples, nuts, currants, figs, prunes, butter, oatmeal, milk, cream, green vegetables, such as tomatoes, spinach, radishes and onions, meat, fish and bacon all help the teeth.

BUREAU OF DIAGNOSTIC LABORATORIES**B. L. Arms, M. D., Director****CARBON TETRACHLORIDE IN TREATMENT OF
HOOKWORM DISEASE****JAMES D. LOVE, M. D., JACKSONVILLE, FLA.**

When, following a series of experiments on dogs, Dr. Maurice C. Hall, in 1921, suggested carbon tetrachloride as a remedy for hookworm disease in man, it is to be doubted if he, himself, realized the far-reaching possibilities incident to this suggestion. It is singular that most of the pioneer work relating to the usefulness of this drug has been done in foreign countries. Most notably by Dr. C. N. Leach in Ceylon, Dr. L. Nicholls in Colombo, and Dr. S. M. Lambert in Fiji.

The conclusions of the latter writer were based on the treatment up to October, 1922, of 50,000 hookworm patients by carbon tetrachloride. If the conclusions of this writer are correct, and if my own conclusions based on the treatment during the past two months of nearly 100 cases are to be relied upon, we have in this agent a remedy so potent for hookworm eradication that it must be regarded throughout the South as probably the greatest medical discovery in recent years. For a large portion of the world's population, this new agent for eradication of hookworm must be regarded as rivaling in importance the use of antitoxin for diphtheria, quinine for malaria, mosquito eradication for prevention of yellow fever, and vaccination for prevention of smallpox. If my conclusions are correct, this remedy on account of the ease of administration, safety, and wide field for its application, is destined to fairly change the complexion of the children of the South, and overcome one of the greatest handicaps incident to life in our Southern States. As an economic instrument its value cannot be computed in dollars and cents, and as a health measure bearing intimately on the welfare of countless numbers of our population it must be heralded as one of the most brilliant discoveries of modern medicine.

Comparatively little has appeared in medical literature concerning this agent, and most of the written articles deal with statistical data, proving the worth of carbon tetrachloride as an anthelmintic, while but little has been written concerning dosage and mode of administration. A brief reference to this last practical point was made by Dr. Lambert in the *Journal of the A. M. A.* for February 24, 1923, and with this information at my disposal, I have been able to treat nearly one hundred patients during the past two months and to tabulate a report giving the results of such treatment.

Owing to my connection with the Children's Home Society of Florida, I enjoy exceptional opportunities for observation and treatment of hookworm disease, since about 90 per cent of the children admitted to this institution are, at the time of admission, suffering from hookworm infection.

The treatment of hookworm disease by thymol and chenopodium has always been unsatisfactory, since from six to twenty-one treatments are usually required to effect a cure. In many instances even a greater number are necessary. In addition to the lack of effectiveness of these two remedies, the disagreeable nature of the drugs, combined with their dangerous properties, have rendered them so objectionable that their universal employment has been largely curtailed. In carbon tetrachloride, it appears that we have a drug which renders the stools hookworm-free in about 90 per cent of the cases, as the result of a single treatment. A contrast between the results secured from the use of this agent and previously employed remedies is obvious and striking. It is much easier to administer than either thymol or

BUREAU OF DIAGNOSTIC LABORATORIES—Continued

chenopodium, more palatable than either, more laxative, produces fewer disagreeable symptoms, is safer, and requires no preliminary purgation or starvation. I can make no definite statement as to the safety of the drug till it has been more universally employed, but will say in passing that in only two of my cases were there disagreeable results, and these consisted in vomiting, lasting about twelve hours.

I am able to report as having been successfully treated through this agency, during the past two months, ninety cases of hookworm disease. Of these, seventy-four cases, or 82 per cent, were rendered hookworm-free by a single dose. Twelve cases, or 13 per cent, required two doses, and four cases, or 4.4 per cent, were given the third dose. Among the four cases requiring three treatments were two children who vomited the first dose given, which probably accounts for their lack of response. One of these patients is a boy four years of age who has been under my care for nearly two years. He is profoundly anaemic with a hemoglobin content of 30. This is one of the most profound and rebellious cases of hookworm infestation that has ever come under my observation. He has been given over sixty doses of thymol or chenopodium, apparently with no favorable results. Since he was rendered hookworm-free by carbon tetrachloride, it is no wonder that I am an enthusiastic advocate of the drug.

The dosage I have been employing is three minims to every year of age, but do not exceed thirty-five minims in any instance. A child of 5 years, therefore, requires fifteen minims. One must distinguish between minims and drops of this agent, since a minim of carbon tetrachloride consists of from three to five drops, administered from an ordinary medicine dropper. The dose may be measured either from a minim graduate or a minim pipette. In prescribing it for my private patients I order twice the amount indicated for a single dose, directing that it be dispensed in a one-dram vial. The patient is instructed to take one-half the contents of the vial in a single dose, the remainder being retained for further employment if such is found necessary. It is administered from a tablespoon which has been half filled with either plain or sweetened water and the required dose is dropped from the pipette into the center of the spoon. It is taken in a single swallow and occasions little or no aversion.

The patient is given his usual evening meal and in the morning the drug is administered on an empty stomach. No food is given for three hours afterwards. Preliminary purgation is unnecessary, and on account of the slight laxative properties of the drug, it is contended by some that a post-purge is likewise unnecessary; however, it is my own practice to administer, one hour after the carbon tetrachloride, a single large dose of Epsom salts. I follow this procedure because it has been ascertained that for the most part the drug does not undergo absorption in the alimentary tract and can be largely recovered from the intestinal excretion. Since it is a drug distinctly foreign to the intestines, I feel that it should be eliminated as early as possible after it has produced the desired results.

The drug has a slight anthelmintic action on other parasites than the hookworm, but in this respect is probably inferior to remedies previously employed. In cases of infestation with both hookworm and ascaris it may be combined with a few minims of chenopodium or even with thymol.

Castor oil as a post-purge is not advised, not that it brings out any toxic action of the carbon tetrachloride, but we know it does interfere with its effectiveness.

I would caution against the use of the commercial product and recom-

BUREAU OF DIAGNOSTIC LABORATORIES—Continued

mend the employment of a chemically pure preparation. Commercial carbon tetrachloride is unfit for administration on account of the presence in it of carbon sulphid and carbonyl chloride. The only fatal results so far reported were associated with the use of an impure preparation of the drug.

Should a universal employment of this agent verify present conclusions, doubtless the drug will commend itself to State and county health authorities as appropriate for mass treatment in localities with a high degree of infestation.—(Journal of the Florida Medical Association, May, 1923.)

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING MAY, 1923

	Jackson- ville	Tampa	Pensa- cola	Miami	Talla- hassee	Total
Animal Parasites	900	221	48	13	60	1242
Diphtheria	201	90	15	44	2	352
Typhoid	197	269	34	33	10	543
Malaria	298	256	28	30	52	664
Rabies	17	8				25
Tuberculosis	191	83	18	24	7	323
Gonorrhoea	172	106	23	43	7	351
Syphilis	1393	378				1771
Water: Bact. Ex.		25	31	16	6	78
Water: NaCl Cont.				16		16
Milk: Bact.	21	7	80	143	18	269
Milk: Chem.	21	7	6	319	2	355
Milk: Chem.	28	25	4	69	1	127
Miscellaneous						
	3439	1475	287	750	165	6116

Specimen Containers distributed, 3565.

BIOLOGICAL PRODUCTS SENT OUT DURING MAY, 1923

Diphtheria Antitoxin.....	10,000 Units	46
	5,000 Units	17
Schick Tests	100's	2
Toxin Antitoxin	1's	10
	10's	1
Tetanus Antitoxin	20,000 Units	6
	10,000 Units	9
	1,500 Units	131
Typho Bacterin		1616 Packages
Vaccine Virus		980 Points
Antimeningococcus Serum		4 Cylinders
Antirabic Virus		24 Treatments

NOTICE

There is one way in which we may be helped to give service and that is by prepaying specimens sent for examination. Each of the mailing cases requires six cents postage while the slide blocks require four cents.

A notice to this effect appears on all of the recent mailing labels also on the data blanks.

Any specimen not fully prepaid is delayed in reaching us and this delay may mean quite a delay in the report especially on bloods for the Wassermann test.

All wires regarding biologics and laboratory examinations MUST BE PREPAID, also all specimens sent by express MUST BE PREPAID.

BUREAU OF CHILD WELFARE**Laurie Jean Reid, R. N., Director****SOME THINGS EVERY ONE SHOULD KNOW ABOUT
THE MOUTH****BY SAMUEL A. HOPKINS, M. D., D. D. S.**

The reason so many people neglect the first teeth of their children is because it has never occurred to them that their temporary teeth are important enough to bother about.

The object of this little brochure is to correct this error by showing how necessary it is to the child's health and comfort that these teeth be kept sound and clean until the second teeth come to take their places.

Many parents do not realize that when these teeth decay badly they ache just as severely as do the permanent teeth under similar conditions. If it were only to prevent suffering the care of the first teeth would be well worth while. If, however, the teeth become decayed, they become painful to chew upon. Heat, cold, sweets and acids frequently cause severe pain, and the pressure of food between broken-down teeth is most uncomfortable. Consequently the child avoids chewing. He swallows his food hastily and without mastication. Unless we are all wrong in supposing that well-chewed food is more easily digested and more nutritious than food that is swallowed whole, one can easily see how decayed teeth interfere with a child's growth. When we remember how important for the child's development is the period between the ages of two and ten, we begin to realize the value of the first teeth.

To make a slight digression at this point it may be said that most children naturally eat slowly. Try feeding a very small child and see if this statement is not true. Children are taught or forced to eat rapidly not always because of painful teeth but sometimes because they are criticized and reprimanded at mealtime for all the sins of commission and omission that have happened during the day. They hurry their meal in order to make their escape and find more agreeable company. The American breakfast is too apt to be a hurried meal, and children soon learn to keep pace with their elders. Every meal should be a delightful occasion with all hurry and trouble set aside for the time being. If this could be insisted upon there would be less indigestion and children would attain a better growth.

To return to the subject of temporary teeth. When a first tooth decays far enough it is said to die, and this dying process is usually followed by an abscess. This means that pus is formed and is swallowed by the child or worse still is absorbed directly into the circulation. There can be only one result. The vitality of the child is lowered or, in other words, he becomes more susceptible to disease. There is no doubt of this. Experiments on lower animals have furnished the exact proof. Sound teeth help to safeguard the child against disease.

An unclean mouth with broken-down teeth in which food lodges provides an excellent field for the development of bacteria. It is a well-established fact that the germs of many diseases find in the mouth, tonsils and adjacent tissues the very best if not the only field for their growth. Pneumonia and diphtheria are examples, and many diseases of children have their origin in germs developed in the mouth. It needs no stretch of the imagination to believe that a clean mouth and well-cared-for teeth are helpful in preventing the spread of disease. Wherever the use of the common drinking cup in public schools has been given up there has been a surprising reduction in the number of cases of scarlet fever, diphtheria, measles and other so-called diseases of childhood. If proof were necessary this would show conclusively that many infections and contagious diseases are spread from mouth to mouth,

BUREAU OF CHILD WELFARE—Continued

and the suggestion that an unclean mouth is a hot bed of disease would be confirmed.

While it is not strictly true that the condition of the first teeth influences the growth of the second, it is believed that the exercise of chewing brings the blood to jaws and face and assists in the healthy development of that part of the body including the teeth. If any part of the body is given reasonable normal exercise it usually develops and keeps in healthy condition; if neglected, it becomes weak. It would seem, then, that the outlines of the face may be altered by poor teeth and the failure to properly masticate. It is important to keep the first teeth in good condition so that when the second come through they will not come in contact with broken-down teeth, diseased roots and fermenting food. There is less danger of the second teeth decaying if, when they make their first appearance, they find a healthy mouth free from conditions which encourage weakness and disease.

This brings us to a consideration of the six year molars, possibly the most valuable teeth in the mouth and too often the most neglected. They are frequently, perhaps usually, mistaken for the first teeth. This error is due to the fact that they erupt usually when the child is five and a half or six years old and that they come in behind the last of the first teeth and without pushing out or disturbing any of the set. Count the teeth carefully. There should be twenty in the first set, ten in the upper and ten in the lower jaw. If there are more you may be reasonably sure that the sixth year or first permanent molars have arrived. These are usually very large fine teeth, well suited to do a very large part of the grinding of food and capable of lasting a lifetime with proper care. If these are lost the grinding surface is broken and can never be fully restored. Upon the position of these teeth and their relation to each other depend most dental irregularities. If you will ask the child to close the teeth naturally, and then draw aside the corner of his mouth, you will find, if the relation of the teeth is proper, that the lower molar is slightly in advance of the upper on that side, one-quarter of the width of the tooth would be about right. If this condition obtains on both sides and the jaw is of good size, there will never be any serious irregularity. If on the other hand, the lower molars are seen to be in advance of the upper by as much or more than one-half the width of the tooth, there is grave danger of a protruding lower jaw; or if the teeth meet exactly opposite to each other, or if the upper teeth are found to be even slightly forward of the lower, an over-prominent upper jaw or a receding lower jaw will probably result.

When either of these unnatural occlusions or relations of the sixth year molars is discovered, it is well to correct it as soon as the child is old enough or strong enough to have it done. If these teeth are brought into proper occlusion or relationship to each other at an early period serious irregularities will probably be avoided, for with these teeth in proper position the other second teeth are bound to come through in proper relation to one another unless the jaw is contracted or some unusual change takes place.

It is not difficult to appreciate the bearing of the first teeth upon the health and growth of a child, but few people think of the effect of the teeth on the intellectual and moral growth. How can a child study or keep his mind on his school work if his teeth are a source of almost constant irritation? How can a child be good when indigestion or lowered vitality from diseased teeth are unconsciously always nagging at him? Many a sweet nature has been changed by bad teeth.

In the State of New York, where records have been kept for many years, it appears that more children are absent from school because of toothache and illness due to diseased teeth than from any other cause. These absences

BUREAU OF CHILD WELFARE Continued

cause the children to fall behind in their classes and so many children have to take an extra year in school that it is estimated that tooth trouble alone costs the state nearly \$1,000,000 a year. It seems unnecessary to say more in order to convince people that the care of the teeth even at a very early age will well repay the parents and give the child a better, fairer chance to advance in life.

Take the child to a dentist at a very early age, but be sure he is a dentist interested in the care of children's teeth and in the prevention of dental diseases. Find, if possible, a young man whose hobby is prophylaxis or prevention. If he is the right kind of man there will be no conflict and the child will not suffer. If you cannot afford the usual charges for dental operations, do not hesitate to take the child to one of the dental infirmaries. There you will find everything scrupulously clean; the child will be treated kindly and the work done skillfully. Remember what has been said about the sixth year molars and watch them carefully from the day they make their first appearance and be sure that they are kept clean and well polished. Always remember that decay of the teeth is caused by an acid which is the result of food fermentation. Sweets and starchy foods are especially active in producing this effect. Many of the starches and some of the sweets have little or no part in this destructive work, but if you wish to destroy a child's teeth you could find no surer way than by feeding him with candy and crackers, especially sweet crackers, between meals. If a child must be fed between meals it is better to give him a slice of bread and butter or a glass of milk or fruit.

Both young and old frequently excuse themselves for the unclean condition of their mouths by saying that they cannot find the time to clean their teeth. This is absolute nonsense. Provided you have a tooth brush and some water near at hand, you can brush your teeth after every meal and before going to bed and still not use up five minutes of the day. Put a watch beside you on the wash stand and time yourself; you will be surprised to find that the time you have usually allotted to a cleansing of the teeth is not over a minute. If possible see that your child brushes his teeth after every meal and at bed time. When the brushing becomes a matter of habit it is no longer a bore. On the contrary you feel distinctly uncomfortable when circumstances make it impossible to cleanse the teeth after a meal, and if you cannot brush your teeth before going to bed you are quite miserable. It does, however, take time and effort to form a good habit; but good habits formed early are not often given up. It is impossible to give a set of rules for teaching a child to brush and care for his teeth. If possible, do it without nagging. Make it a pleasant task and let there be a cheerful word or some slight reward for its perfect performance. The brush should be small and the tooth powder, paste or wash should be agreeable to the child's taste. Do not insist on a child using a preparation he does not like because some one has told you it was good for the teeth.

The tooth preparation which is best for the teeth is that which induces the child to cleanse them often. One is about as effective as another so far as their power to preserve teeth is concerned. Directions for brushing the teeth and as to the use of floss silk in cleansing the teeth must be left to the dentist.

Whether in the infirmary or private office any worth-while dentist will take pleasure in carefully demonstrating just how a child's teeth should be cared for at home.

The object of this little paper is merely to show that such care will be amply rewarded.

—The Commonwealth, Massachusetts Dept. of Health.

NOTES FROM THE DISTRICTS WEST FLORIDA

F. A. Brink, M. D., District Health Officer

THE HOOKWORM SEASON

All the year, hookworms are in season, but the warm summer months, when rains are abundant and children go barefoot, are the months during which ground itch is most prevalent and hookworm infection takes place. There are still a few who refuse to believe that hookworms enter the body through the skin and produce the well known skin inflammation usually spoken of as ground itch.

Wearing shoes in wet weather, if one must walk on the polluted ground, is one means of preventing ground itch and hookworm disease, but a better way is to prevent soil pollution by constructing, and always using, a sanitary privy.

The open season for the treatment of hookworm disease lasts from Jan. 1st to Dec. 31st, and every child that looks pale, does not grow or has had ground itch, should have a sample of the stool examined, (your family physician will send it to one of the State Board of Health Laboratories where it is examined free) and if the child is found to have hookworms, he should take hookworm treatments until examination shows he no longer has them.

The change for the better that comes over a child, during the few months that follow hookworm eradication, is wonderful. Roses come into his cheeks, his eyes brighten, his step is lighter and he becomes again a healthy, happy and growing child.

EAST COAST

Dr. T. A. Blinn, District Health Officer

The extensive celery and trucking farms around Sanford were visited. Throat swabs of school children at Sanford and Osteen were taken and children examined.

* * * * *

Investigations were made with regard to measles, chickenpox and other diseases of a communicable nature in various schools and districts. The schools at Pablo Beach, Mayport, Panama Park, Fernandina and Osteen were visited; several talks were made to the pupils and many examinations.

* * * * *

There is a wonderful opportunity, through physical examination of school children, to lessen or eliminate abnormal conditions. A timely warning to parents as to physical defects, a word of advice whereby the defects might be overcome through a correction in habits, and if necessary, consultation with the family physician or surgeon, would be the means of saving thousands of children from possible ill health, deformities or death. Many have been and are being saved in this way by workers in public health right here in Florida. DID YOU KNOW IT?

* * * * *

Clinics for the treatment of venereal disease among indigents, operated by expert clinicians under the direction of the State Board of Health and U. S. Public Health Service, were visited at Sanford, Tampa, Wauchula, Fort Pierce and West Palm Beach. These clinics give the benefit of expert advice and treatment, free of charge, to those patients who otherwise would remain uncured and would eventually become subjects of charity and a tax upon the counties in which they live.

* * * * *

Clinics for babies and children were held during three days at Jupiter and Boynton in cooperation with the Bureau of Child Welfare of the State Board of Health. Clinics were also arranged to be held in Lake Okeechobee, Canal Point and Pahokee during the first week in June.

BUREAU OF SANITARY ENGINEERING**George W. Simons, Jr., S. B., Chief Engineer****DISINFECTION AND FUMIGATION**

These two terms are in no sense synonymous, as many persons think.

Fumigation consists of the use of vapors, smoke or gases as more frequently applied at the termination of certain diseases.

Disinfection is a much broader term, and includes all agents or methods employed in the destruction of disease germs from the inception of a disease to its termination.

It is now believed by some of the ablest sanitary authorities and is being carried out in various localities, that terminal fumigation is of little or no value. If the case has been properly cared for, there is practically nothing left to be destroyed by terminal process of fumigation, even if efficient—which it probably is not in a great majority of cases.

Most of the so-called fumigation is valueless, one reason being that it is not performed under proper conditions to be effectual. Health officers, as a rule, do not take into consideration the temperature of the room, the humidity, the porosity of the walls, force of wind currents, etc., or some other factors that are essential to successful disinfection.

Terminal fumigation has been abandoned in several of the cities of this country, notably in Providence, R. I., New Haven, Conn., and New York City. New Haven abandoned terminal fumigation in 1905, while Baltimore for a period of years from 1903 very carefully performed fumigation following all cases of scarlet fever and diphtheria. In both these cities statistics were kept, embracing between 1,000 and 2,000 cases in New Haven and some 4,000 cases in Baltimore, and the statistics showed a recurrence in approximately 1¾ per cent of cases in New Haven, while in Baltimore, under disinfection, the percentage of recurrence was practically the same, thus showing that nothing had been accomplished by the latter city through terminal disinfection.

Another feature connected with fumigation is that formaldehyde, which is employed almost exclusively for that purpose, does not penetrate substances; at most, only surface disinfection is accomplished by its use.

In discussing scarlet fever, Mc Nutt, in his admirable work, "Manual for Health Officers," says, "Terminal disinfection is apparently of little or no value, especially if proper bedside disinfection has been carried out."

Rosenau says, "Terminal disinfection during recent years has been disparaged as a public health measure because it has little effect upon the control of the communicable diseases, and the cost of such disinfection appears to be disproportionately large to the benefits." He states, further, that it is much more important to destroy the infection during the progress of disease than to trust to terminal disinfection only. He adds, however, that formaldehyde terminal disinfection should be practiced in all diseases in which the environment may have become infected.

Numerous other writers have taken the same position. It is the consensus of opinion among leading health officials that, in lieu of terminal fumigation, there should be a thorough cleaning up—scrubbing wood work, floors, bedsteads, tables, etc., with soap and water or with a disinfecting solution, and the exposure of unwashable bedding, like mattresses, pillows, puffs, etc., to out-door air and sunshine.

BUREAU OF SANITARY ENGINEERING**Continued**

These facts are presented in order to show the trend of opinion in the restriction of infectious diseases, and while we are not prepared to recommend the suspension of fumigation, the health officer may be allowed to use his discretion quite largely, and probably the time is not far distant when fumigation will be largely abandoned, and in lieu thereof better care of cases will be required.

The health officer should make specific recommendations in every case reported to him of scarlet fever, diphtheria and typhoid fever, as to its management—that is, the care that should be taken daily to prevent infection from the sickroom. If the family is instructed carefully in the matter of taking care of all the discharges in diphtheria and scarlet fever from the nose, mouth and ears, and in typhoid fever of fecal and urinary discharges, and if they are careful in so doing, using disinfectants under intelligent instruction, this would be the most effectual way of preventing the spread of these diseases.

The terminal requirements in New York are as follows: Disinfection by cleaning or when necessary by re-papering and repainting at the expense of the owner; disinfection of all discharges and soiled materials and articles throughout the progress of the case. It is required that the health officer shall see that this cleaning is done. Quarantine should not be raised until it has been done.

—N. H. Health Bulletin.

BUREAU OF ACCOUNTING**Screven Dozier, Auditor****RECEIPTS**

Balance after paying March, 1923, accounts.....	\$11,741.99
April, 1923, Receipts.....	24,254.07
Total.....	<u>\$35,996.06</u>

DISBURSEMENTS

April, 1923, Disbursements.....	10,375.48
Balance.....	<u>\$25,620.58</u>

DISBURSEMENTS APRIL, 1923, ITEMIZED

Administration	\$ 1,763.35
Engineering	1,828.29
Laboratories	2,042.62
Child Welfare	213 25
Vital Statistics	2,310.99
Multigraph	199 50
Antitoxins	640.75
Communicable Disease	1,376.73
	<u>\$10,375.48</u>

HERE AND THERE

There are vacancies for two internes at St. Lukes Hospital. For full particulars address ST. LUKES HOSPITAL, JACKSONVILLE, FLORIDA.

* * * * *

A second letter of appeal has just been received urging some physician to locate at Baker, Florida. For additional information write direct to Mrs. F. B. Kierce, Baker, Florida.

* * * * *

Cancer causes thousands of deaths annually which might have been prevented. A comprehensive pamphlet "What We Know About Cancer" will be sent to anyone on request.

* * * * *

EFFICIENCY CHART

A good car and a skillful driver is essential for a good automobile trip.

A healthy body and a pure soul is essential for a good life journey.

Your body is the automobile for your soul.

Life is a journey of body and soul.

An automobile must have care—so must your body.

Compare them and note the similarity:

THE AUTOMOBILE

Good gas
Clean spark plugs
Clear headlights
Tuning and adjusting
Full air pressure
No carbon
Keep clean and oiled
Good mixture
Don't choke your engine
Strong steering gears
Humming motor
Keep radiator filled
Good brakes
A hot spark
Good bearings
Good lubrication
Strong axles and frame
Well balanced mechanism
Rolls easy
Good hill climber
The horn does not increase the power and is disagreeable to others
A tiny speck in the current breaker can kill the engine
A skillful and careful driver will avoid all dangers and complete his journey safe and sound

YOU

Good food
Clean teeth
Good eyes
Outdoor exercise
Good posture
No constipation
Frequent baths and plenty of sleep
Balanced ration-vegetables, fruit, etc.
Chew food thoroughly
Strong will power
Cheerfulness
Drink plenty of water
Self control and self reliance
Ambition
Perseverance and courage
Fair play and tolerance
Stamina
Even temper
Plays well
Hard worker

Don't boast

A tiny germ may cause a fatal illness
A strong character will be master of his body and his soul undefiled at the end of life's journey

You can buy new parts for your car, but it is not so easy to get new parts for your body. Proper care of the human machine, with periodical examinations by your own physician, will prevent breakdowns and prolong its usefulness.

—S. B. H., Indiana.

BUREAU OF VITAL STATISTICS
Stewart G. Thompson, D. P. H., Director

THE VALUE OF REGISTRATION OF BIRTHS

TO THE EDITOR:—Will you please inform me through your columns what real benefits accrue to the human race because of the registration of births. Aside from a few cases of property involvement and the barring out of aliens, is it worth while?

E. K., Illinois.

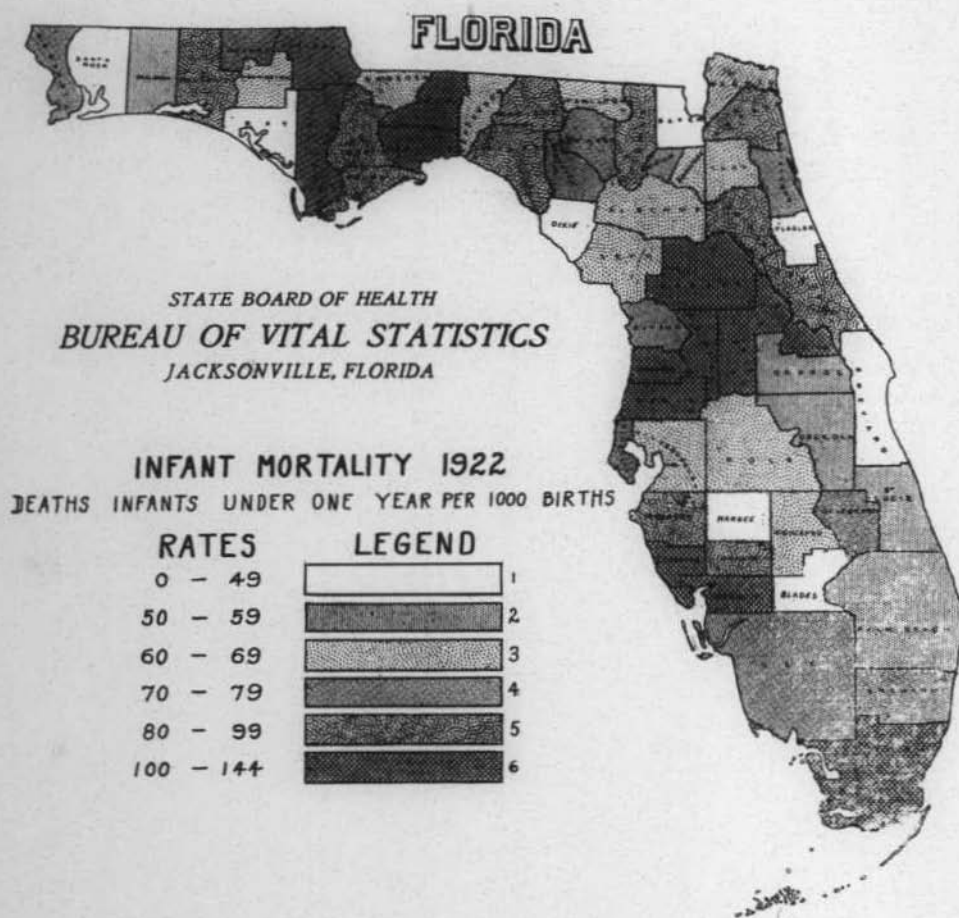
ANSWER.—The registration of births is an essential factor in the computing of the death rate in any country. How can we know the percentage of children who die in a given community under certain conditions and at certain ages unless there is correct registration of births? Or, how can we know the percentage of those who die of a particular disease, for example, summer diarrhea of infancy? From the knowledge of how many children are born, at what age the largest percentage of deaths occurs, and the cause of the deaths at the various ages, it has been learned that the greatest prevalence of summer diarrhea occurs during the first two years of life; that summer diarrhea kills children during the first two years of life; and that the greatest prevalence and the greatest death rate is among those artificially fed. Artificial feeding consists largely in substituting cows' milk for mothers' milk. It has been learned that cows' milk under certain conditions becomes poisonous; consequently mothers are advised to breast feed their children. Breast feeding by most mothers and closer attention to cows' milk, when it must supplant mothers' milk, has led to the reduction of the death rate from summer diarrhea during the first two years of life within the last thirty years from more than 25 to less than 15 per cent. In other words, the lives of many thousands and tens of thousands of children have been saved by the knowledge gained, and this knowledge could not have been gained without proper and exact registration of births. This is only one illustration. Another might be added. It has been learned from knowing the number of children born and the age at which measles is most prevalent that this disease is highly fatal up to six years, and that after nine years it is seldom fatal. Further illustrations could be given. The registration of births is a most important factor in the calculation of rates of disease and death. Without correct registration of births, much of our vital statistics would be worthless.—"Hygeia."

BUREAU OF VITAL STATISTICS (Cont.)

TABLE NO. 7. Deaths of Children Under One Year and Infant Mortality Rates by Color and by Counties, for the Calendar Year 1922

Counties	Total Deaths under 1 year	Rate per 1000 Births	White Deaths under 1 year	Rate per 1000 Births	Col. Deaths under 1 year	Rate per 1000 Births
STATE	1,691	77	997	65	694	104
Alachua	39	69	23	61	16	83
Baker	6	33	4	29	2	50
Bay	13	45	8	37	5	78
Bradford	11	68	11	87	0	....
Brevard	7	48	4	38	3	75
Broward	11	71	5	59	6	87
Calhoun	13	73	11	77	2	56
Charlotte	7	140	5	116	2	286
Citrus	8	59	3	36	5	98
Clay	7	61	6	80	1	26
Columbia	21	89	17	119	4	43
Dade	149	104	56	70	93	149
DeSoto	14	87	12	81	2	182
Dixie .....	....	....	....	....	....	....
Duval	213	80	118	71	95	95
Escambia	84	75	50	59	34	131
Flagler	2	41	1	35	1	50
Franklin	9	80	2	29	7	159
Gadsden	32	69	17	80	15	59
Glades	1	25	1	26	....	....
Hamilton	9	60	5	46	4	100
Hardee	11	23	11	50	....	....
Hernando	10	133	8	146	2	100
Highlands	5	62	3	45	2	143
Hillsboro	158	68	119	62	39	96
Holmes	18	73	15	66	3	167
Jackson	46	72	23	56	23	101
Jefferson	22	62	1	11	21	78
Lafayette	8	51	7	47	1	111
Lake	28	108	15	80	13	189
Lee	17	73	14	65	3	167
Leon	40	101	10	91	30	105
Levy	12	67	6	53	6	91
Liberty	10	90	6	91	4	89
Madison	36	91	18	91	18	91
Manatee	24	80	12	63	12	111
Marion	55	113	23	104	32	121
Monroe	48	110	37	108	11	118
Nassau	12	63	5	48	7	80
Okaloosa	13	58	10	51	3	107
Okeechobee	4	71	4	78	....	....
Orange	28	55	20	50	8	73
Osceola	8	58	5	45	3	115
Palm Beach	21	54	14	54	7	53
Pasco	19	104	14	97	5	128
Pinellas	40	77	30	67	10	145
Polk	70	64	40	44	30	162
Putnam	29	85	10	53	19	123
St. Johns	21	73	12	59	9	106
St. Lucie	11	51	8	49	3	55
Santa Rosa	12	43	9	38	3	71
Sarasota	6	105	4	85	2	200
Seminole	36	130	14	84	22	200
Sumter	13	109	11	118	2	77
Suwannee	27	73	18	76	9	69
Taylor	12	90	10	91	2	83
Union	6	50	6	61	....	....
Volusia	37	90	26	92	11	86
Wakulla	18	144	10	128	8	170
Walton	28	85	21	81	7	99
Washington	16	65	9	48	7	121

Study this map carefully. You will find a basis
for thought and action.



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WASHINGTON, D.C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

HEALTH NOTES



OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
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VOL. 15

AUGUST, 1923

NO. 8

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

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INDUSTRIAL HEALTH WORK

Business executives are ever on the alert to learn new methods of increasing industrial efficiency and of eliminating industrial wastage. They are cognizant of the fact that the fabric of efficiency is strengthened by strands of personal service. This has been evidenced, in a great many instances, by interest in better housing facilities for the employee, "safety first" and public health movements and other efforts to promote the feeling of good will and harmony between employer and employee.

Recent years have brought about an increased interest on the part of the employer in the health of the employee and desire to improve his working and living conditions.

Industrial health work is a subject which involves sociologic and economic as well as medical aspects. It raises questions which strike at the very root of our social system and include the relation of capital and labor as well as the relation of man to his fellow man.

A man of means can select his place as well as the character of employment. He can choose his own hours of labor, rest and recreation. He can buy fresh air, sunshine, good food and everything that goes toward health, longevity and happiness.

The employee, as a rule, must accept conditions as they are. While choice of employment is optional, to a certain extent, he is limited by lack of education and the necessity for being constantly employed. His hours of labor are outlined for him. His hours of rest and recreation are the hours that are left after his day's work. Fresh air, sunshine, good food and those things that go toward health, longevity and happiness are at a premium.

A plan has been outlined by the State Board of Health for a general welfare department which, it is hoped, will be adopted, if not as a whole, at least in part, by all industrial concerns, corporations and railroads in Florida.

One of the most important features of this plan is a recreational unit. A suitable community building may be erected where employees and their families may assemble for various kinds of entertainment. This building should contain a hall large enough for dances, community meetings, motion pictures, etc. A library and baths would be valuable additions.

Children's play grounds also should be provided. The value of this phase of social welfare has long been appreciated.

Active local committees, of employees, should be formed on: (1) Recreation and Entertainment, (2) Education, (3) Industrial Efficiency, and (4) Health and Sanitation.

Vocational training schools may be organized, by application to Federal and State educational departments, for the benefit of the employees and night schools should be conducted by competent instructors on technical and business subjects relating to the institution's activities.

ADMINISTRATION (Cont.)

Too much can not be said of the importance of having emergency hospitals with a plant physician in charge which beside proving a good investment reduces liability insurance. Considerable financial outlay may be saved by securing the cooperation of local public health nurses. First aid squads should be organized and drilled at regular intervals.

Ignorance as to cause and effect is a prime factor in the spread of disease and results in much sickness, suffering and death. The methods by which diseases are communicated and the importance of early diagnosis should be taught. The State Board of Health will furnish a lecturer on all phases of health work, will distribute literature of an educational nature, furnish exhibits of an instructive nature and, in other words, will cooperate in every way in the inauguration of health programs.

Probably no single plague has been so costly to industry as has venereal disease. Figures compiled by the government show an annual economic waste from this source running into millions of dollars, all of which might have been saved. For example: A large manufacturing concern in one of the middle western States, on the advice of a health expert, installed a clinic at a cost of between five and six thousand dollars. As a result of this clinic, labor efficiency was improved thirty-three and a third per cent and a return of approximately \$40,000.00 was realized on the investment. Again, in northern New York, one firm engaged a competent physician to treat thirty-six cases of venereal disease among its employees during a six weeks' educational campaign and arranged to continue the educational and medical service. One employee who could ill afford it had paid over \$800.00 for "quack" treatment which did him no good.

The economic results of venereal disease control work have impressed the leading firms of this country, with the result that they are now establishing clinics where their employees may receive scientific treatment, free or at a nominal fee, and in cooperation with local and State Boards of Health are conducting logical campaigns along educational, legal and medical lines briefly as follows:

1. *Educational*: The aim of the educational section is to disseminate sex instruction to employees and to bring before them knowledge of the dangers of venereal diseases and the importance of prompt and efficient treatment. This may be accomplished through free lectures, motion pictures, exhibits and the distribution of literature giving essential facts concerning these diseases.

2. *Legal*: The work of the legal section consists in fostering the passage of State laws and city ordinances having for their aim the control of venereal diseases and urging the enforcement of laws which have been passed.

3. *Medical*: The establishment of clinics is the principal work of this section. The five hundred and seventy-four clinics now being maintained in the United States are sufficient evidence of what is being done to control venereal diseases. Humanitarian motives alone have not been wholly responsible for this action; it has been done largely because venereal disease control pays.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

	Jackson- ville	Tampa	Pensa- cola	Miami	Talla- hassee	*Total
Animal Parasites	494	189	67	18	10	778
Diphtheria	82	75	11	20	1	189
Typhoid	242	208	60	31	7	548
Malaria	363	217	44	32	8	664
Rabies	12	9				21
Tuberculosis	194	74	24	30	3	325
Gonorrhoea	211	114	25	23	1	374
Syphilis	1502	329				1831
Water: Bact. Ex		22	12	12		46
Water: Chem. Ex			12	12		24
Milk: Bact. Ex	17	7	80	117	5	226
Milk: Chem. Ex	17	7	5	456		485
Miscellaneous	26	23	31	4		84
	3160	1274	371	755	35	5595

Specimen Containers sent out, 2493.

BIOLOGICAL PRODUCTS SENT OUT DURING JUNE, 1923

Diphtheria Antitoxin	10,000 Units	26
	5,000 Units	8
Toxin Antitoxin	10's	1
	1's	30
Schicks	50's	2
Tetanus Antitoxin	20,000 Units	2
	10,000 Units	27
	5,000 Units	1
	1,500 Units	226
Antimeningococcus Serum		24 Cylinders
Typho Bacterin		1999 Packages
Vaccine Virus		1910 Points
Antirabic Virus		26 Treatments

* Laboratory closed part of month.

NOTICE

There is one way in which we may be helped to give service and that is by prepaying specimens sent for examination. Each of the mailing cases requires six cents postage while the slide blocks require four cents.

A notice to this effect appears on all of the recent mailing labels also on the data blanks.

Any specimen not fully prepaid is delayed in reaching us and this delay may mean quite a delay in the report especially on bloods for the Wassermann test.

All wires regarding biologics and laboratory examinations MUST BE PREPAID, also all specimens sent by express MUST BE PREPAID.

BUREAU OF CHILD WELFARE**Laurie Jean Reid, R. N., Director****THE SHEPPARD-TOWNER ACT
AND ITS APPLICATION IN FLORIDA**

The Sheppard-Towner Act, which was passed by Congress on November 23, 1921, is an Act authorizing the appropriation of money from the United States Treasury to the several states, for the purpose of cooperating with them in promoting the welfare and hygiene of maternity and infancy and carrying with it the sum of \$1,240,000.00.

Fifty thousand dollars is set aside for Federal administrative purposes and for the investigation of maternal and infant mortality. That the sum of five thousand dollars shall be given outright each year for five years to each state accepting the terms of the Act and that the balance of the appropriation be divided among the states accepting the terms of the Act, on the basis of population and granted, if matched by the state dollar for dollar.

The Children's Bureau was created by Act of Congress in 1912 and the "Investigation of Infant Mortality" headed the list of subjects to be undertaken by it. The need for the Sheppard-Towner Act was clearly shown by the findings from surveys conducted by the Children's Bureau in various parts of the country. These investigations were made by experts and the information compiled shows the conditions in communities such as cities, industrial communities, states having large rural areas, mining and coal districts, with foreign and native born, white and black population.

The high infant and maternal mortality rates; the toll of stillbirths, miscarriages and infant blindness, which show the lack of instructive care of prospective mothers, or facilities for the proper care of these mothers, before, during and after the pre-natal, natal and lying-in periods, found by these investigations were conclusive proof of the statement made by Dr. William Travis Howard, Jr., of Johns Hopkins Medical School, that "The prevention and control of illness and death of mother and child are among the most neglected and potentially the most fruitful domains of public health administration."

The idea of Federal assistance to states was not a new one. The Morrill Act of 1862, providing for land grant colleges; the Hatch Act of 1887, establishing agricultural experimental stations; the Smith-Lever Act of 1914, creating the agricultural extension service; the Good Roads Act of 1916, which was extended in 1919-21 and 22; and the Smith-Towner Vocational Education Act of 1917; all were giving Federal aid to states for some good purpose and were being successfully administered, and since the need for assistance on a National scale for the promotion of the health of mothers and babies was so apparent, it seemed only logical to resort to the same methods as had been employed for purposes not so important as the saving of human life, hence the Sheppard-Towner Act with its provision for state aid.

The Children's Bureau of the Department of Labor administers the Act under a Board of Maternal and Infant Hygiene which is made up of the Chief, Children's Bureau (who is executive officer of the Board), Surgeon General of the United States Public Health Service and the United States Commissioner of Education.

In order to secure the appropriations authorized by this Act, a state must, through its Legislative authority, accept the terms of the Act and designate the state agency, which shall have all necessary powers to cooperate with the Children's Bureau. In states having a Child Welfare or Child Hygiene Divi-

BUREAU OF CHILD WELFARE—Continued

sion in its State Department of Health, the administration of the Act shall be through such Division. The Governor of any state may accept the terms of the Act until such time as Legislature shall convene, when Legislature must ratify the terms of the Act.

The most frequent objections to the use of this Federal money by states have been:

1. Federal interference in the planning and carrying out of state work.
2. The possibility of children being taken from their home for treatment or any other reason by employees working under this Act.

That these statements are incorrect can be clearly seen from the wording of the Act itself:

Excerpt, Sec. 9, Page 4:—"No official, agent, or representative of the Children's Bureau, by virtue of this Act have any right to enter any home over the objection of the owner thereof or to take charge of any child over the objection of the parents or either of them or of the persons standing in loco parentis or having custody of such child. Nothing in this Act shall be construed as limiting the power of a parent or guardian or person standing in loco parentis to determine what treatment or correction shall be provided for a child or the agency or agencies to be employed for such purpose."

Section 8, Page 4:—"Any state, desiring to receive the benefits of this Act shall, by its agency described in Section 4, submit to the Children's Bureau, detailed plans for carrying out the provisions of this Act within such state which plans shall be subject to the approval of the Board. * * * If these plans shall be in conformity with the provisions of this Act and reasonably appropriate and adequate to carry out its purposes, they shall be approved by the Board and due notice of such approval shall be sent to the state agency by the Chief of the Children's Bureau."

Reports of activities and financial statements properly audited by the State Treasurer shall be forwarded to the Chief of the Children's Bureau on request.

Now, as regards the application of this Act in Florida. Governor Cary A. Hardee accepted the terms of the Act for the state in 1922, pending session of Legislature.

State Legislature convened in 1923 and by official act under Chapter 9186, Session laws of Florida, 1923, ratified and accepted the terms of the Sheppard-Towner Act in what was known as House Bill No. 637 and made provision in the appropriation for the State Board of Health for a sufficient amount of state funds to match the entire Federal appropriation.

This means for Florida that \$5,000.00 will be given the state each year for five years and that the sum of \$11,531.72 will be set aside from the state appropriation for the State Board of Health to match a like amount from the Federal Sheppard-Towner fund. This increased appropriation will be available December 1st, the reason being that the State Board of Health appropriation is on a millage basis, derived from taxation, the returns from which will not be available for use until December 1st.

An erroneous idea which seems to have gained credence among some people, that the Sheppard-Towner Act fosters birth control, has had a great deal to do with objections which were made to the passage of this Act. Nothing could be further from the intent of the Act, since every clause and provision is for the saving and protection of infant life and not for its destruction.

1930
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BUREAU OF CHILD WELFARE—Continued

The plans for the work under the Sheppard-Towner Act, which was inaugurated in Florida in 1922, were drawn up and the budget prepared and sent to the Federal Board for approval. These plans were approved with the approval of the Board without so much as the changing of one word, and the work done comprised the supervision of midwives, educational work with mothers, baby clinics for examination and advisory care and birth registration. This work was done by the Director, Bureau of Child Welfare with an office staff of one secretary and one half-time typist and a field staff of three white nurses and one colored nurse.

Under the increased appropriation, it will be possible to enlarge the staff and broaden the scope of the work.

More each day do we realize the wisdom of the clause in the Sheppard-Towner Act, which limits the work under the fund provided to maternal and infant hygiene which, of course, includes the pre-school child. One sees so much work to do for school children and it is so much easier to make people see the need for it than for maternal and infant hygiene work that the latter, which is of fundamental importance, would suffer, were it not for the limit, wisely imposed by the clause above mentioned.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying April, 1923, accounts.....	\$25,620.58
May, 1923, Receipts.....	17,385.40
Total.....	\$43,005.98

DISBURSEMENTS

May, 1923, Disbursements.....	8,074.93
Balance.....	\$34,931.05

DISBURSEMENTS MAY, 1923, ITEMIZED

Administration	\$1,332.48
Engineering	1,490.64
Laboratories	1,970.89
Child Welfare	141.15
Vital Statistics	1,133.49
Multigraph	172.70
Antitoxins (biologics)	781.82
Communicable Disease	1,051.76
	<u>\$8,074.93</u>

NOTES FROM THE DISTRICTS**WEST FLORIDA****F. A. Brink, M. D., District Health Officer****BEWARE TYPHOID!**

Travelers, vacationists, picnic parties and residents of unsewered neighborhoods are especially likely to contract typhoid.

No one ever gets typhoid except from taking into the body some of the excrement from a typhoid patient or carrier.

The germs which pass from patients and carriers with their discharges do not reach the victim through the air but in water and food and upon such objects as the hands, pencils, spoons, drinking cups and any thing upon which minute quantities of the discharges may adhere. Flies are a very important factor in carrying typhoid germs from excrement to food.

You can safeguard yourself from typhoid by taking the typhoid "shots" and thus becoming immunized or by avoiding everything that might contain the living germs. Both these preventive measures should be adopted.

The State Board of Health will furnish the material for the "shots" and the family physician will administer them.

Avoidance of the germs may be accomplished more or less certainly by living in a well sewered community or one in which sanitary outhouses are constructed and maintained; by screening the house to exclude flies from the food; by drinking only water known to be free from contamination and by keeping unclean objects out of the mouth.

The excrement from persons having or suspected of having typhoid should be carefully disinfected, the hands of attendants, dishes and bedding should be disinfected upon leaving the sick room, visitors and flies should be kept out of the sick room.

Important as are these sanitary measures, one should never feel safe without the three immunizing "shots."

HERE AND THERE

Upon the welfare of the child depends the future of the nation. Intelligent prenatal and postnatal care of mother and child will make a stronger people.—*N. O. Monthly Bulletin*.

* * * * *

Mr. Fly will be a great-great-great-great grand-daddy fly in a few weeks unless you swat him.—*Peoria Star*.

* * * * *

The National Health Council has started a "Health Examination on Your Birthday Campaign." The goal is to induce ten million people to have a health examination during the year commencing July 4th, 1923—the birthday of the nation.

* * * * *

THE DOCTOR'S LAMENT

You came into my office with a long sad tale of woe,
I listened to you, though 'twas late and I was weary,
I gave you medicine to take and told you all I know,
About the treatment of your case, and though your look was leary,
You followed my advice and now you're well,
So don't you think you ought to pay my fee?
It may not seem a vital thing to you, but h—,
It means an awful lot to me.

—Hygeia.

* * * * *

LOCAL REGISTRARS PLEASE NOTE

Sign your name and show date of filing on all birth and death certificates you receive. It is very important that your signature and the date of filing shall appear on all birth and death certificates before you mail them to the Jacksonville office.

* * * * *

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
102	Mrs. Kate Ryals,	High Springs, Florida.
28037	Mr. E. L. Fenn,	Orange, Florida.
31107	Mrs. L. A. Griggs,	Oklawaha, Florida.
33057	Mr. E. H. Flood,	Yulee, Florida.
3603	Mrs. Olla Minor,	Kenansville, Florida.
47187	Mr. S. D. Huggins,	Rt. B, Box 122, Lake City, Florida.
52047	Mr. Henry H. Carter,	Wausau, Florida.
5601	Mr. N. A. Green,	Cross City, Florida.
7097	Mr. G. O. Hill,	Kinard, Fla.
2003	Mrs. Viola Fulmer,	Ponce de Leon, Fla.
2502	Mr. J. O. Clark,	LaBelle, Fla.
3302	Dr. W. A. Brewster,	Callahan, Fla.
40277	Mr. R. L. Hartley,	Nichols, Fla.
51017	Mr. F. E. Buchanan,	Rt. 2, Ponce de Leon, Fla.
52107	Miss Muriel Robertson,	Rt. 3, Chipley, Fla.

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D. P. H., Director****WHY REGISTER THE BABIES?**

It is to the advantage of all to have an accurate accounting of the people of a state or community. A record is kept of the number of bushels of corn and the number of hogs raised. Why should not the number of our children be known? Every state should certainly have an accurate knowledge of its human resources.

All parents should be vitally interested in seeing that the births of all their children are registered. No one would think of buying a piece of real estate without seeing that all the entries were made according to law at the proper office. Is there any good reason why parents should not take the same trouble to see that their children are properly registered?

MEDICAL SCIENCE—BIRTH CERTIFICATE

Every physician of course wishes to do what he can to advance medical science. He can do this by accurately registering each birth he attends. The information thus obtained over a number of years will give valuable information and afford a sound basis for new deductions. For example, worth-while studies in infant mortality are impossible without accurate and complete registration of births.

OBLIGATION

The persons who assist at child-birth are best fitted to give the information which the state needs concerning each individual. When accepting an obstetrical case it is understood that everything possible will be done for the welfare and the best interests of the mother and child.

Physicians and midwives should look upon the reporting of a birth as a duty they owe to the infant, and their obligations are not completely discharged until the birth has been properly recorded. In some states a bill for obstetrical services is invalid unless the birth has been registered.

IMPORTANCE OF REGISTRATION

In order that our infant mortality rate may be comparable with other states, and with cities and counties of our own state, it is necessary that every birth and death shall be recorded. Every birth certificate that is filed with the Local Registrar is forwarded to Jacksonville, at the end of the month, and this original certificate is put on file in the State Board of Health Building. The certificates are all indexed alphabetically, bound in book form and filed away in a fire-resisting vault, so that every child born in Florida will have the legal proof of his citizenship; provided, the doctor, midwife or other responsible person has not failed to file the birth certificate as required by law.

CERTIFICATES SAFEGUARDED

A new fire-resisting vault has been completed to house the birth and death certificates received by the Bureau of Vital Statistics. The vault is lined

BUREAU OF VITAL STATISTICS (Cont.)

with steel shelving and is large enough to take care of the vital records for many years to come. Every Local Registrar should be familiar with our system of registration and permanent disposition provided for the original birth and death certificates, so that intelligent answers may be given to all questions, by those who are interested.

IS YOUR BABY REGISTERED?

Ask the local registrar in your city if your baby has been registered, or write to the Bureau of Vital Statistics at Jacksonville, where the information will be gladly furnished.

**ADDRESS TO BE DELIVERED OVER THE BODY OF A YOUNG
MAN DEAD OF TYPHOID FEVER**

BY ASSISTANT SURGEON GENERAL W. C. RUCKER,
United States Public Health Service, Washington, D. C.

We have met today for the sad purpose of performing the last solemn rites over the body of one who has passed into the Great Beyond. Our hearts are overflowing with grief at the untimely ending of this life so full of promise. He had just begun his career. Still in the time of sowing, he had not reached the point where he could see the grain begin to grow, much less had he reached the time of harvest. In thinking about this matter, many may be led to wonder why it has pleased the Divine Creator to remove this promising young person from our midst, to cut short a life so well begun. They bow their heads and say "Thy will be done" but without understanding the logic of it all. If they will but consider for a moment they will realize that the reason they do not understand it is because they have not themselves been logical. They assume that the responsibility for the death of this young man, and the grief, sorrow and loss which it entails, lies with the Creator, whereas the immediate responsibility in every case of typhoid fever rests upon man himself. God, in His wisdom, has placed mankind in possession of the knowledge of the causative agent and the means of its spread. He has opened up our minds that we may understand how this disease may be prevented and avoided, and He has given us an almost infallible weapon with which to protect ourselves from the attacks of the germ which causes the disease. Therefore, this bereavement means that someone has failed to make use of these God-given means of protecting human life. Many a time, as in the present instance, it is the innocent bystander who suffers from the neglect of another; from somebody's failure to realize that he is his brother's keeper. It is impossible in the present instance to exactly fix the responsibility for the sickness and death of the departed, but some man or woman is responsible because only human beings have typhoid fever, and the disease cannot be acquired excepting from some person who has the disease or who is harboring the germs which cause it. Like every other person who contracts this disease, this young man un-

BUREAU OF VITAL STATISTICS (Cont.)

wittingly took into his body something which came from the body of another person. Possibly he may have received it directly or indirectly from some person who suffered from a very light attack of typhoid fever, and who by the carelessness of his habits subsequent to his recovery was the means, possibly the innocent means, of the spread of the disease to other people. It may be that someone who was wantonly careless in the manner in which he disposed of the waste products of his body brought this grief upon the family of the deceased, and this economic loss to our community. Perhaps the responsibility in the present instance does not lie with any one individual, but with some town or city which has been careless in the method of ridding itself of its offscourings, or has been indifferent to the laws of sanitation in securing its drinking water.

At any rate, the death of this young man could have been prevented! It was entirely unnecessary. It is the price which we are made to pay for somebody's ignorance and carelessness. The day is fast approaching when such sacrifices shall cease to be. It will arrive only when we have learned that the presence of typhoid in a community means that someone has been criminally negligent of his duty. Today, with hearts bowed down by the grief of our loss, let us resolve that we will henceforth so order our lives that we may conduct them without menace to others. Let us take unto ourselves the lesson of this hour, and in our own sorrow fix our determination to prevent the coming of sorrow to others. If we do this, this dead shall not have died in vain.—(May, 1915, *Health Notes*).

FLEAS AND LICE

"When I was a small boy at public school in central New York it was not uncommon to see lice in the hair of the boy at the desk in front of me. When I came to Washington at the age of twenty-one I first became acquainted with fleas, which occasionally in the summer time abounded in certain houses. Since those days lice and fleas have been shown to have a vital relation to a number of important diseases, mainly, however, of warmer climates," writes Dr. L. O. Howard in the July issue of *HYGIEIA*. There are more than 500 species of flea, but the most important from a disease spreading point of view is probably the rat flea which has been proved to carry the germs of plague, fortunately rare in this country into which it is imported from other lands and is found occasionally at the seaboard. But it is necessary to wage continual war against the rat to guard against the spread of plague by this flea, which also infests the ground squirrel. The human body louse is the carrier of typhus fever that has caused such terrible suffering in eastern Europe in the past few years. It also carried the so-called trench fever among the troops in the recent war. Our freedom from these diseases is maintained only at the cost of constant vigilance and careful hygiene.

BUREAU OF VITAL STATISTICS

Continued

"No health department, State or local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring."

MORBIDITY

Notification of 1,330 Cases of Sickness has been received during June as compared with 1,205 for the same month last year.

Diseases	Total Cases	By Weeks June, 1923				Weekly avg. for Jun. 1922
		1st.	2nd.	3rd.	4th.	
Cancer	50	0	3	47	0	7
Chancroid	17	1	7	2	7	3
Chicken Pox	15	3	2	9	1	0 A
Dengue	1	0	0	1	0	14
Diphtheria	18	4	5	8	1	7
Dysentery	6	0	1	4	1	2
Epi. Meningitis	4	0	0	2	2	0 A
Ger. Measles	6	0	0	6	0	0 A
Gonococcus	101	3	32	29	37	27
Hookworm	80	14	31	18	17	26
Influenza	21	0	1	20	0	32
Leprosy	3	0	1	1	1	0
Malaria	77	9	23	32	13	23
Measles	378	132	115	80	51	2
Mumps	5	0	1	0	4	0 A
O. Neonatorum	1	0	0	1	0	0
Paratyphoid	2	0	2	0	0	0 A
Pellagra	7	0	0	7	0	2
Pneumonia	68	1	0	66	1	11
Poliomyelitis (A)	2	0	2	0	0	0 A
Scarlet Fever	4	0	2	1	1	3
Small Pox	18	2	9	7	0	6
Syphilis	210	9	75	38	88	29
Tetanus	3	0	0	2	1	1 B
Tuberculosis	104	8	17	66	13	25
Typhoid Fever	54	17	8	21	8	16
Whooping Cough	75	12	9	20	34	2

A—Less than one.

B—More than one but less than two.

BUREAU OF VITAL STATISTICS

Continued

Reported Cases of the following diseases for June, 1923.

Counties	Ty- phoid	Mal- aria	Small Pox	Diph- theria	Mea- sles	Tuber- culosis	Sy- philis	Gonor- rhea
STATE	54	77	18	18	378	104	210	101
Alachua	1	..	..	1	..	6	1	..
Baker	2	..	..	..	..	..	..	..
Bay .....	..	1	..	1	2	2	1	2
Bradford .....	..	1	..	..	..	1	..	..
Brevard	1	4	1	..	2	2	..	..
Broward .....	..	..	..	..	..	..	..	..
Calhoun .....	..	..	..	..	..	..	..	..
Charlotte .....	..	..	..	..	..	1	..	..
Citrus .....	..	2	..	1	..	3	1	1
Clay .....	..	2	..	..	..	..	..	..
Columbia .....	..	3	..	1	..	4	1	..
Dade	5	1	5	..	14	..	9	9
DeSoto	1	..	..	..	1	2	..	..
Dixie .....	..	..	..	..	..	..	..	..
Duval	1	22	4	2	255	20	150	81
Escambia	5	1	..	..	5	3	1	1
Flagler .....	..	..	..	..	..	..	..	..
Franklin .....	..	..	..	..	..	..	..	..
Gadsden	1	2	..	..	8	4	6	..
Glades	1	..	..	..	..	..	..	..
Hamilton .....	..	..	..	..	..	..	..	..
Hardee	1	1	..	3	2	..	..	..
Hernando .....	..	1	..	..	..	..	..	..
Highlands .....	..	..	..	..	..	..	..	..
Hillsboro	2	5	..	3	38	11	25	5
Holmes	1	2	..	1	..	..	..	..
Jackson .....	..	..	..	..	..	2	1	..
Jefferson	4	1	8	..	..	..	..	..
Lafayette .....	..	..	..	..	..	..	..	..
Lake .....	..	1	..	..	2	3	1	..
Lee .....	..	..	..	..	4	2	..	..
Leon .....	..	6	..	..	..	1	..	..
Levy .....	..	1	..	..	..	1	..	..
Liberty .....	..	..	..	..	..	..	..	..
Madison	1	..	..	..	..	1	2	..

BUREAU OF VITAL STATISTICS

Continued

Reported Cases of the following diseases for June, 1923.

Counties	Ty-phoid	Mal-aria	Small Pox	Diph-theria	Mea-sles	Tuber-culosis	Sy-philis	Gonor-rhoea
Manatee .....	..	..	..	..	..	3	..	..
Marion	1	1	..	..	1	1	..	..
Monroe	2	..	..	..	..	2	2	..
Nassau .....	..	1	..	..	..	1	..	..
Okaloosa .....	..	..	..	..	..	..	..	..
Okeechobee .....	..	..	..	..	..	..	..	..
Orange	8	..	..	..	2	4	..	..
Osceola	1	..	..	..	..	..	..	..
Palm Beach .....	..	..	..	3	..	4	1	..
Pasco	1	..	..	..	..	2	..	..
Pinellas .....	..	..	..	..	18	4	..	..
Polk	6	5	..	..	13	1	1	2
Putnam .....	..	..	..	1	2	2	..	..
St. Johns .....	..	1	..	..	..	1	3	..
St. Lucie	3	3	..	..	..	..	1	..
Santa Rosa .....	..	..	..	..	..	1	..	..
Sarasota .....	..	..	..	1	..	..	..	..
Seminole	1	7	..	..	9	2	..	..
Sumter .....	..	..	..	..	..	..	..	..
Suwannee .....	..	..	..	..	..	..	..	..
Taylor	1	1	..	..	..	..	1	..
Union .....	..	..	..	..	..	4	..	..
Volusia	2	1	..	..	..	3	1	..
Wakulla	1	..	..	..	..	..	..	..
Walton .....	..	..	..	..	..	..	..	..
Washington .....	..	..	..	..	..	..	1	..

Cities (Following figures are included with County Totals):

Jacksonville	1	20	3	1	247	18	150	80
Tampa	2	2	..	2	14	3	15	3
Miami	4	1	5	..	11	..	7	7
Key West	2	..	..	..	..	2	1	..

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

No Protection—Unhappy and in Grave Danger



Protected—Safe and Happy

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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VOL. 15

SEPTEMBER, 1923

NO. 9

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

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HAY FEVER

Hay fever is a condition caused by the pollens of certain plants in susceptible individuals. While the term "hay fever" would indicate that the pollens of grasses only are responsible and the pollens of grasses figure very conspicuously among the offending pollens, experiments have proven that the pollens of shrubs, flowers and trees are equally responsible for the condition of hay fever.

The pollens of the rose as well as the ragweed and goldenrod are responsible for many cases of hay fever, as well as the pollens of the butternut, box elder, maple, oak and pine trees.

Spring hay fever is relatively of little importance. This type develops in March, April or early May and is usually caused by the pollens of early flowering plants, shrubbery or trees and is brought to a close in some sections by the advent of spring rains. May and June hay fever is due to the pollens of the flowering grasses and weeds, orchard grass, timothy, red top and sometimes dandelion and daisy.

The mid-August or autumnal hay fever is most common and is brought on in the susceptible individual by the pollens of the late summer blooming weeds, ragweed being the chief offender.

The common and giant ragweeds begin to pollinate about August 1st and reach the full stage of pollination about September in southern States. It is believed however that, in southern Florida, pollination takes place as early as July 1st. The velocity of the wind, its general direction and the degree of sensitiveness of the individual as well as the surroundings of the residence are all factors in hastening or delaying attacks of hay fever. The resistance of the patient also tends to stave off an approaching attack. In some instances, patients have been known to have such a high degree of resistance that no attack was experienced for several years and then have an unusually severe attack during an unusual atmospheric pollen infestation.

While the hay fever season is longer in southern states than in northern states because of the continued mildness of the climate, the cessation of the hay fever season is usually around the latter part of October or early November.

The first symptoms of hay fever depend on whether the pollen is carried into the mucous membranes of the eye, when there is swelling and lachrymation of the eye, or if the pollen lodges upon the mucous membranes of the nose, there is swelling and irritation with sneezing and secretion. If the pollen lodges in the mucous membranes of the bronchial tubes, these will swell and this together with the constriction of the fine muscle tissues results in difficulty in breathing.

In some cases, relief is not felt even when pollination ceases because of the infection of the irritated mucous membranes by bacteria, the sneezing, nasal discharge and lachrymation continuing until late in December.

The most satisfactory way of treating hay fever is to determine first the pollen to which the individual case is most susceptible. This may be accomplished by a very simple skin test at the hands of an expert. Unless a physician is familiar with the natural causes of hay fever, the climatic influences, etc., the apparent beneficial results, after treatment is begun, may be misleading.

ADMINISTRATION (Cont.)

The so-called hay fever cures, of which there are many, should be considered lightly in that with little thought it is quite evident that one drug could not cure an infection or disease the exact cause of which has not yet been determined, that is, different people are affected by the pollens of different plants, hence a different agent should be used in each instance. It is possible to determine the pollen to which an individual is susceptible by the introduction of pollen into the skin and it is also possible to immunize an individual against the toxic effects of the pollens; however, before a patient submits to the desensitization treatment, the skin test should be administered. It is not believed that the desensitization treatment lasts over one season and it is, therefore, necessary to repeat the treatment each year.

It is curious to note that, in some instances, foods such as green apples, strawberries, green corn, peaches and melons have been known to cause most pronounced symptoms of hay fever. Various home made wines, such as elderberry, loganberry and dandelion, also have been known to aggravate hay fever symptoms.

The importance of and the necessity for the careful study of the administration of both test and treatment can not be too strongly stressed. Unfamiliarity with the technique of administration may result in unlooked for and unfamiliar complications; then too unless the physician is more or less familiar with the contributing influences of hay fever no great success will be met with in the administration of the treatment.

BUREAU OF ACCOUNTING**Screven Dozier, Auditor****RECEIPTS**

Balance from May, 1923, receipts.....	\$34,931.05
June, 1923, Receipts.....	13,811.19
Total.....	<u>\$48,742.24</u>

DISBURSEMENTS

June, 1923, Disbursements.....	12,330.63
Balance.....	<u>\$36,411.61</u>

DISBURSEMENTS JUNE, 1923, ITEMIZED

Administration	\$ 1,924.24
Engineering	1,797.05
Laboratories	2,178.59
Child Welfare	1,681.38
Vital Statistics	1,155.06
Multigraph	171.40
Antitoxins (biologics)	1,381.16
Communicable Disease	2,041.75
	<u>\$12,330.63</u>

NOTE—During June, 1923, there was remitted to the State Treasurer \$1,500.00 a/c State Board of Health Appropriation Child Welfare Department to Sheppard-Towner account to be matched by U. S. Government.

\$916.16 a/c State Board of Health Appropriation Bureau of Communicable Disease to Venereal Disease Fund to be matched by U. S. Government.

BUREAU OF CHILD WELFARE**Laurie Jean Reid, R. N., Director****SOME NEGLECTED PRACTICAL POINTS IN THE
TECHNIQUE OF INFANT FEEDING *****BY JOSEPH BRENNEMANN, M. D.****CHICAGO**

The things to which I wish to direct attention in this paper are so simple and so elementary that one would not feel justified in presenting them were it not for the fact that in spite of their importance, they are either quite unappreciated or quite ignored in the care of babies, both by the mother and by the physician. Our text-books and baby-books too do not adequately emphasize them. Apparently because of their very simplicity they are almost wholly overlooked, and when recognized are hardly deemed worthy of serious consideration in a learned treatise. And yet to the baby and to its mother it is of far greater moment whether that baby will take a bottle or not, whether it will take spoonfood in such quantity and of such quality as seems desirable than whether it has apparently, say, a negative or a positive magnesium balance. These simple things strike at the very heart of things. They determine only too often whether a child shall be normal and happy and mannerly, now and hereafter, or whether it shall be undernourished, ornery, picky and dyspeptic physically and mentally not only in childhood but throughout life. As in so many other things, prophylaxis is wholly effective, the remedy most difficult.

One of the commonest experiences in infant feeding is to find a baby that refuses to take a bottle. In my own experience it is the rule that when I see a breast fed baby for the first time in the second half year of life the mother has discovered, or will soon discover, that her baby resolutely and unchangeably refuses the bottle method of taking food. If she has been a good breast feeder, indeed because she has been a good breast feeder, she will often volunteer the further information that none of her babies would ever take a bottle, as if they were of some peculiar breed with this as a dominant characteristic.

The following story comes to us all with such monotonous and melancholy regularity that I have long felt that some far reaching effort should be made to remedy this condition. A mother who has had until recently an abundance of breast milk finds that her 6 or 7 months old baby is no longer gaining, is perhaps even losing in weight. She is finally convinced that her milk supply is inadequate and reluctantly proceeds to supplement it. She consults her neighbor, or rather gets some volunteer advice from that source, or from some baby food concern, or sees her doctor, and decides to give her baby one bottle a day. She is surprised to find that he will not take it. She decides that the time is not yet ripe and puts it off a few weeks, stuffing in the meantime to increase her own milk. Renewed trial leads to the same result. Now thoroughly alarmed, she spends hours trying to force him to take it; again she coaxes and teases, and tries to cajole him into taking it, even hiding the bottle under her waist. Forceful measures seem only to whet his determination. He feels now not only starved but abused for no good reason and he deeply resents it. The sympathetic neighbor offers a solution, the Hygeia Bottle with its dome shape and tapering nipple fantastically resembling his mother's breast! He flatly refuses to see the resemblance. Frantically she takes to the cup only to find that most of the milk runs down his neck, if it leaves the cup at all. The spoon gives little better results but it too is very inadequate if he has not been accustomed to taking spoonfood for some months past and this is usually the case. In the panic that seizes her as she sees her baby losing in weight and refusing all other food the remaining breast milk leaves rapidly. Heroic measures must now be taken! She withholds the

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breast altogether; he must be starved into taking the bottle. She now makes the alarming discovery that it is not food that he objects to but the receptacle from which it is offered, not the contents but the method. He would refuse his mother's milk from a bottle as decisively as he does cow's milk. He would take cow's milk as gladly from his mother's breast as he would her own. He is now losing rapidly and plainly shows it even without scales. The last food supply is now gone, her breasts are empty. She rushes to her doctor. A few more days of floundering, a still greater loss in weight. She goes to the specialist, only to find that he too knows no royal road to remedy the condition; that he knows no way to change a baby's psychology of habit; that at best he can bring a little more intelligence and a little more experience to the problem, but that its solution is a makeshift. The mother whose baby had been all that could be desired, and whose breasts were the envy of her neighbor whose pale, thin, scrawny, crying baby had been struggling along on calf's food, suddenly realizes that that other baby has outdistanced hers in the second semester and is maintaining a steady and serene lead. She soon learns further, that all the devices she and the specialist can invent, as a rule, will not make the baby take as much milk as is desirable, and that he will remain undernourished for some time to come. If, as so often happens, there is combined with this a disinclination to take spoonfood because it was begun too late, the matter assumes even greater importance, as I shall point out presently.

The situation may indeed become even acutely fateful. I remember vividly an infant of about 14 months who had nursed an abundant breast for a year. Attempts to get him to take a bottle, or cup, or spoonfood at that late period were unsuccessful. The mother now proceeded to starve him into it by withholding the breast. He refused absolutely all food and took practically no water. When I saw him in consultation several days later he was in a coma with a marked hyperpnea, would no longer take the now empty breast, and died a few hours later.

Is all this a fanciful picture I have drawn? To me it is one of the most real, perennially recurring, and pathetic pictures I know. No wonder that the same mother with a second baby will say: "What's the use of having lots of milk of my own? Look at my first baby and then at my neighbor's. I'm going to give this baby a bottle only from the start." Others who ought to know better sometimes reason the same way. A pediatrician once said to me: "I don't like breast fed babies. They do not get along as well as those I have on the bottle alone."

The trouble lies manifestly not in the breast milk but in an error in the technique of feeding. With proper technique there is an unbroken gain in weight as the breast is imperceptibly replaced by other food at the proper time. Only an idiot, and that only exceptionally, will refuse a bottle or spoonfood if it is given at the right time and if certain simple rules are followed.

Habit is as important a factor in babies as in adults. In the nursing period a baby prefers one food by one method and, except in the earliest period, resents any change. Monotony does not yet pall on him. If he is accustomed to the breast for a long enough time he will refuse the bottle. Under reverse conditions, the bottle fed baby would refuse the breast. There is further a fairly constant age factor that one must reckon with. In the first 3 months of life, to a limited extent much longer, the normal baby will suck anything that comes to his mouth, especially if it is sweet. He passes from the breast to the bottle and from the bottle to the breast without a moment's hesitation. There is practically no danger that he will prefer the bottle, at the expense of the breast, unless the breast contains very little, or

BUREAU OF CHILD WELFARE (Cont.)

the milk can be withdrawn only with very great difficulty. For this reason the idea that seems still to persist, especially in maternity wards where ideas persist long, that even the new-born baby must not be given food, or even water, from a bottle, for fear he will give up the breast, is not founded on observation. After the third month, and especially after the fourth, there is commonly some difficulty in making the baby take the bottle if he has been accustomed to the breast alone and this difficulty increases with each month. In the 6th or 7th month, it is about an even break, whether he can be induced to take it. In the 8th month and even more so in the 9th, the chances are against the baby's ever taking the bottle and after that it is almost useless to try it. There are exceptions to this, but they constitute a small minority. Stopping the breast and absenting the mother of valuable expedients in the earlier months but fail as a rule after the 7th or 8th month. Attempts to force the baby, cramming the bottle into his mouth, holding his nose, and that for long periods of time, only defeat their purpose. Changing from one nipple to another fails to take cognizance of the fact that the only reason the baby refuses the food is because he does not know that it is food in this strange guise. If the thing can be accomplished at all it can be done by cajolery rather than by force. The bottle with the food sweetened with cane or milk sugar to taste like mother's milk, with a nipple that allows the milk to escape freely, but not too freely, offered tactfully before, after, and during a breast feeding, when hungry and when full, when happy and wide awake, or when sad and tired and half asleep, offers the best hope of success. If once he draws on it the battle is usually won, though not always.

The prevention of this condition is as simple and effective as the remedy is difficult. The breast fed baby should be accustomed to a bottle from the very start and there should be no let up. Not that a substitute or complimentary feeding should be given thus early if the mother has an abundance of milk, but that something should be given from a bottle daily, so that the bottle habit will be acquired and maintained, as well as the breast habit. Often one hears a story that the baby used to take water from the bottle freely but later could not be induced to take it and so the bottle was given up. The explanation for this is clear enough and the remedy simple. In the first few months a baby will nurse anything, even tasteless water. Later he becomes more discriminating. If there is an abundance of mother's milk, there is no physiological craving for water that the milk will not satisfy. Why drink plain water when he can utilize and enjoy the water of his mother's milk with its 7 per cent of sugar? Babies do not share the current rather stupid idea that they need a lot of water in addition to the large amount they get in their liquid food. When the baby begins to refuse the bottle with plain water, he will quickly change his mind if a little sugar, preferably cane sugar, because a less amount is needed, is added to the water. The objection that one meets at once from the up-to-date mother who has been taught from many sources that sugar must never be added to the baby's water, and especially cane sugar, is, of course, pointless in reality. The little sugar that is added to the small amount of water necessary to keep up the bottle habit will be of no great danger to a baby that in a quart of mother's milk is already getting some 25 level teaspoonfuls of milk sugar that in some quarters is now considered the most dangerous of all sugars. There is a sharp difference between giving a baby a little sugar water to maintain the bottle habit and giving sugar water freely as a beverage. If it seems expedient to forestall this objection one grain of saccharine can be added to each quart of water with the same result. There is little danger that the baby will later refuse water unless it is sweetened. In the older child, on a more solid, a less liquid diet, the physiological need for water will assert itself and will be met naturally.

BUREAU OF CHILD WELFARE (Cont.)

When the baby persists in refusing the bottle, various poor substitutes must be resorted to in order to cover its needs for milk and water. The younger the baby the greater the difficulty, the cup is rarely satisfactory before the end of the first year and only exceptionally so for some time longer. Even in the second year, when the bottle is commonly replaced by the cup, the baby that will take as much milk from a cup as he would from a bottle, or as one would like him to, is, in my experience, quite the exception. It is for this reason that I have long allowed my babies to continue the bottle throughout the second year and even allow a morning and evening bottle at least throughout the third year. The spoon too is not a satisfactory substitute for the same reasons. This is especially true after other spoonfood is taken freely and is preferred. If milk is refused from both the cup and the spoon, a considerable amount can be given by diluting thick cereals; in the form of bread or toast or crackers, and milk; in custards, or in coagulated milk, either junket or cottage cheese. If this is not satisfactory butter must, if possible, be given in considerable quantity to furnish an adequate supply of fat soluble A.

A similar psychology and a similar failure to appreciate it in many quarters, prevails with reference to spoon feeding. The pediatrician who deferred spoonfood to the second year has fortunately now become almost extinct. It is strange that he ever existed so long in the face of the baby's frantic insistence on spoonfood in the second half year of life. If spoonfood is begun at the proper time, say with a cereal at the beginning of the 5th month or even in the 4th month, strained vegetables, zwieback toast or cracker, at the beginning of the 6th month there is rarely any trouble in getting him to take it. There is also very little, if any, trouble in getting him to take each new food that experience has taught as appropriate for succeeding months, provided one steers a tactful course between food monotony on one side and too great variation on the other. To give the cereal, such as flour ball or imperial granum, or even vegetables, from the bottle misses the point. It is again not the food but the method of taking it that we are here concerned with. If the use of the spoon is deferred until the second year, or even the latter part of the first year, the bottle or breast habit has become so ingrained that it is hard to get him to take food from a spoon. Often one thing or another appeals to him to the exclusion of nearly everything else. Each new food is taken only after a struggle, or is refused altogether. At this point the process of forced feeding begins and is often carried to a ludicrous, not to say pathetic, extreme. I remember one instance in which each mouthful was a struggle, and each time the question arose whether the food would return or go on. The grandmother, who is usually an able assistant in this process, finally found that if she suddenly beat a drum after the food was introduced it was swallowed more frequently than if this was not done, and the drum became a regular adjunct at all meals! Often enough there results an aversion to all food, or at least a refusal of it in that particular environment. Anorexia nervosa, with its vicious circle of the child that will not eat, the solicitous parent or nurse that forces him to eat, the still greater antipathy to food and resulting still greater solicitude and greater effort at cramming, is one of the commonest and most serious and far-reaching conditions in early childhood and in its genesis later spoonfeeding is a factor. Unless the child is plucked bodily from its environment, or unless a new environment with a new start is brought to it, the condition is sometimes well nigh irremediable. The orphan asylum and the hospital ward offer the ready solution, but are rarely acceptable. If such treatment cannot be carried out the child loses not only in nourishment but also in discipline and character. He often becomes

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not only a fussy, picky, erratic, unbearable eater of later life who can eat only certain things and then only if cooked in a certain way, but his whole mental attitude toward life is often changed in like manner.

I recall as an illustration of all that has been said a child that was breast fed exclusively until thirteen months of age, the mother had been in California after about the third month and put off giving all other food until she got back. The baby, of course, refused the bottle, also the cup and spoon, and would eat nothing from her hand. The mother's milk left over night. Every device short of the stomach tube was resorted to with little effect. It was early in my practice and I spent hours with the child, playing, wheedling, coaxing. If sugar was put in her mouth she seemed happy, let it dissolve and swallow it. If bread and milk with sugar on it thick before her eyes, was put in her mouth she left it long enough to dissolve out the sugar and then rolled out the bolus of bread. Finally she took to oatmeal with a little milk and plenty of sugar and lived on it for a time. Other foods were gradually given in this as a vehicle, but each new addition met with a struggle. In the process she lost four pounds, ruined her mother's nervous system, and her control over her and emerged a skinny, erratic, wilful spoiled child. I have since lost track of her but I can easily conjure up a picture of this young girl of 15 in a modern environment.

*—Reprinted from "Archives of Pediatrics," June, 1923.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

	Jackson- ville	Tampa	Pensa- cola	Miami	Talla- hassee	Total
Animal Parasites	528	170	72	12	30	812
Diphtheria	96	66	13	34	6	215
Typhoid	286	207	54	26	14	587
Malaria	422	233	43	26	55	779
Rabies	11	21		1		33
Tuberculosis	194	79	22	21	13	329
Gonorrhoea	214	103	25	27	10	379
Syphilis	1261	293	1			1555
Water: Bact. Ex.....		22	2	1		25
Water: Chem. Ex.....			3	1		4
Milk: Bact. Ex.....	30	4	59	174	9	276
Milk: Chem. Ex.....	22	4	9	346		381
Miscellaneous	30	6	65	58	1	160
	3094	1208	368	727	138	5535

Specimen Containers sent out, 2394.

BIOLOGICAL PRODUCTS SENT OUT DURING JULY, 1923

Diphtheria Antitoxin.....	10,000 Units	52
	5,000 Units	22
Tetanus Antitoxin	10,000 Units	2
	1,500 Units	178
Schicks	50's	1
Antimeningococcus Serum		8 Cylinders
Typho Bacterin		1653 Packages
Vaccine Virus		990 Points
Anti Rabie Virus.....		34 Treatments

BUREAU OF SANITARY ENGINEERING**George W. Simons, Jr., S. B., Chief Engineer****IS THE GAME WORTH THE CANDLE?**

When will our community consciousness demand that public health protection be given precedence over all other community activities and interests? When will our people be sufficiently enthused over the conservation of human life, and the consequent improvement of the human stock, to create the necessary civic or community consciousness? These questions are pertinent; they must be thought of and answered before life conservation will be perceptibly noticed.

Today communities over our entire country, not Florida alone, but everywhere, are bonding and taxing for public improvements. But in all the excitement and enthusiasm how much tax money is being devoted to public health? Public improvements benefit a community; they are incidental to community development; they attract the settler; they expand the area of the community influence. Public improvements should not be discouraged or belittled, but why shouldn't funds providing for public improvements be supplemented by a tax or bond issue or fund for conserving human life, for protecting the public's health, for enabling the community to become so healthful that the many other public improvements can be fully appreciated. Sick or unhealthful people cannot work and produce. Healthy people are factors in wiping out the public debt.

Healthy people are progressive and productive. Healthy people are community assets; they work and produce in excess of their needs; the excess production is usually devoted to community investment and development instead of medicines. Healthy people contribute substantially to the community. A community afflicted with "chills and fever" or typhoid is one of inefficient people; they cannot earn or produce and as a consequence are serious liabilities.

In the course of health work among city officials a recommendation is frequently made that a new dairy inspector be employed, or a full time health officer be employed, or an additional sanitary inspector or nurse be employed. What are the reactions? In eight out of ten instances the familiar, time worn phrase appears, "can't afford it," or "we haven't got the money." Think of it—the same town will unhesitatingly bond for a white way lighting system (a luxury, but something apparently required of progressive places these days), yet will not devote a similar sum or even half as much for the conservation of their human life! Again we ask, when will a community consciousness be so keenly developed and intensified that the health conservation idea will precede the other?

It is easy and simple to conserve human lives! Perhaps because of this simplicity people disregard it. Today it takes a calamity or an epidemic to arouse the people from their lethargy and indifference. Today our people are so wrought up over the accumulation of material wealth that they neglect their wealth of health. A typhoid epidemic—a sign of carelessness—will arouse a people at once. They will hurry and rush around ready to do anything to ease the situation, even to listen to the health officer, but with a breath of criticism. With the appearance of an epidemic they blame the health officer yet in all

BUREAU OF SANITARY ENGINEERING

Continued

probability that same health officer has been warning them for a long time. In normal times they are too busily engaged to think of the health officer's dicta.

Today our citizenry need give more thought to preventive medicine, to modern sanitary teachings. Enough work has been done by Florida cities and towns this year to prove conclusively that mosquito control is possible. If the people of Florida will stick to the work as well during the next five years as they have in the past year our mosquito borne infections will gradually disappear. Ask yourself this question, is the game worth the candle?

SCHOOL OF INSTRUCTION FOR SANITARY INSPECTORS

During August, 1922, the statewide anti-mosquito campaign was instituted. Since January, 1923, many cities and towns have followed the initial suggestions and outline of program and have started intensive community mosquito control work. To direct and carry out their programs the cities and towns have employed some individual to act as Sanitary Inspector—a person responsible for the effectiveness of the campaign. No less than twenty-five such sanitary officers have already been employed.

There has been a feeling prevalent that the many inspectors should be brought together at some central point and be given a course of training or instruction to better equip them to do that work assigned to them. In observing the work being done from place to place the inspectors have expressed a desire for such a school of instruction where they could come, meet other men engaged in a common work, learn of the latest methods being used, and, in every way equip themselves to become better workers.

The Bureau of Engineering therefore issued a call for a School of Instruction for Sanitary Inspectors to be held in Jacksonville, September 18th to 22nd, inclusive. At this school a regular course of lecture instruction will be given, supplemented by field excursions and inspections. A program is being developed to give the men from the different places a much better conception of what is expected of them. The school will raise the standards of sanitary inspection work of Florida cities.

Letters of invitation have already been sent to all city governing bodies throughout the state requesting them to send their inspector or inspectors to Jacksonville for the school. Letters have also been sent to the inspectors requesting them to bring the matter before their governing bodies for action. It is earnestly hoped a big attendance will initiate this new plan. Word has been received that inspectors from Fort Myers, Key West, Lakeland, St. Petersburg and Ocala will attend.

ATTENTION!

Starting with the October issue of Health Notes the Bureau of Engineering will commence a series of articles relating to the important subject of Water Supply in Florida. This series of articles will be of interest to all those desirous of acquiring added information about our water supply. Save all your subsequent numbers so you will be sure to have this series, also tell your friends so they can get their names on the mailing list before the series start.

NOTES FROM THE DISTRICTS WEST FLORIDA

F. A. Brink, M. D., District Health Officer

Two hundred school children were examined in one west Florida county.

The usual defects of children of school age were observed. Most common of these are: enlarged and diseased tonsils, decayed teeth and diseased gums, hookworm disease. Parents are urged to take their children to a specialist, dentist or the family physician for treatment. The great need of attention to defects among children is gradually coming to be appreciated. There can be no greater returns for effort and expense than from that devoted to the health of the children.

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HERE AND THERE

In the August issue of *HYGEIA*, Dr. McCollum concludes a series of articles on nutrition with the promised recommendations for reforms needed in the American dietary if health is to be maintained on the highest plane, and gives his reasons for the recommendations. He says, "Each person irrespective of age, should take approximately the equivalent of one quart of milk a day. This may be taken as a beverage or in the form of butter, cheese, cream, buttermilk, skim milk used in cooking, cottage cheese and so forth. Everyone beyond early childhood should take at least one liberal helping a day of greens or pot herbs. The daily diet should include two salads made of materials that are acceptable and digestible raw. There must be a reduction in the consumption of other foods; this reduction should fall on white bread, meat, potatoes and sugar, though these articles may still form a considerable fraction of our total food supply."

* * * * *

Babies and hot weather do not mix well. Intestinal disturbances are more prevalent in the warmer months. Many of these disturbances are true bacterial infections. Partially spoiled food, such as stale milk, and food substances difficult to digest, give rise to intestinal disturbances. A general all-round care of babies, based on common sense and the many instructions issued by Health Departments are the best rules to follow to keep the well babies well. Some people say they "know enough to let well babies alone." This may be a good rule in case of meddlesomeness but not in principle; for unless he is carefully looked after, a well baby today may be a sick baby tomorrow and a dead baby the day following.—*Buffalo Sanitary Bulletin*.

* * * * *

Recently the statement was made in one of the leading journals of veterinary medicine that "tuberculous cats and dogs are far from rare in England and that they are a very great menace to the health of the children." This statement does not appear to be warranted by the facts observed in the United States, however true it may be of the cats and dogs of England. There are many reasons why the fondling of pets by children that brings them in contact with the mouth and nose of the animal, should be discouraged. Dogs and cats have filthy habits of eating, and, even when they are carefully tended and watched, are very likely to have nose and mouth contaminated by unclean, loathsome material. Moreover, they are quite certainly capable of serving as carriers of infection from a sick child with a contagious disease to one who is well. Tuberculosis is not one of the diseases, however, from which dogs and cats often suffer or are liable to convey to a human being.—*Hygeia*.

HOPE FOR THE HANDICAPPED

"In the dim past of the human race our ancestors had no place in their society for the physically unfit, and for ages the handicapped were left to die or were actually put to death. Not until recently, as time is measured, has the hard uphill fight of the cripple for his rightful place been in any way lessened or made easier for him." With this introduction, Dr. Nathaniel Allison, in the July issue of *HYGEIA*, outlines work that is growing throughout the country to give the cripple—not charity, nor pity—but justice and a square deal. How many cripples are there in the country? According to one survey about 36,000 in New York City, which means about 300,000 in the United States. Medical and surgical service has made enormous strides in its ability to ameliorate many of these conditions and after that—what? Many still are handicapped, but, nevertheless, capable of supporting themselves and families if trained to do something for which they are fitted and given the opportunity for employment. The Rotary, Kiwanis and the Shriners, as well as state and other private agencies are working on this problem, but there is need for greatly increased facilities. Remember this is an investment, not a charity and will bring manifold returns as well as do simple justice.

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WHAT'S A HEALTH EXAMINATION, ANYWAY?

Most people have had the experience of going to a doctor for an examination at some time in their lives, some have had to go many times. Usually they have gone because there was something wrong with them, pain, fever, a cough, a rash or what not, but anyway, something for the doctor to study, give a name to and prescribe for. But imagine the factory manager who waits for the machinery in his plant to break down before he gives thought to having it overhauled—how long would he keep his job? Is his machinery more important or more liable to accidents than that of your body? Don't you think it would pay to have it overhauled before the breakdown comes and to see if the machinery is really being run efficiently?

In the June issue of *Hygeia*, Dr. Haven Emerson, professor of public health in Columbia University, gives reasons enough to convince the most skeptical that health examinations pay, not only in increased health, but also in dollars and cents. "It has grown to be a custom" for people who employ men and women in large numbers in shops and factories "to have each new employee examined to see if he or she is in sound health." If these people who are in big business find it worth while and economical, there is probably something to it.

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NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
5127	Mr. W. H. Teague,	Altenhurst, Fla.
1201	Mrs. Lucy Hubbard,	Box 535, Arcadia, Fla.
1901	Mrs. M. B. Moffatt,	210 E. Oak Ave., Tampa, Fla.
21207	Mr. A. P. Blackman,	Round Lake, Fla.
2405	Mrs. G. W. Entz,	Tavares, Fla.
29127	Mrs. Alba Williams,	Rt. A, Box 193, Dowling Park, Fla.
31117	Dr. A. H. Wingo,	Lynne, Fla.
3602	Mr. John B. Collins,	St. Cloud, Fla.
4801	Mr. James R. Jackson,	Perry, Fla.
4802	Mrs. B. J. Stearman,	Lake Bird, Fla.
6001	Miss Harriett C. Lowe,	Sarasota, Fla.

BUREAU OF VITAL STATISTICS (Cont.)

"No health department, State or local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring."

MORBIDITY

Notification of 444 Cases of Sickness has been received during July as compared with 1,585 for the same month last year.

Diseases	Total Cases	By Weeks July, 1923				Weekly avg. for July, 1922
		1st.	2nd.	3rd.	4th.	
Cancer	1	1	0	0	0	8
Chancroid	5	0	0	3	2	7
Dengue	3	2	0	1	0	180
Diphtheria	21	9	5	4	3	13
Dysentery	1	0	1	0	0	3
Gonococcus	39	2	4	9	24	35
Hookworm	54	16	13	8	17	15
Influenza	1	0	0	1	0	30
Leprosy	1	0	0	0	1	0
Malaria	52	16	12	7	17	21
Measles	101	20	29	17	35	0 A
Mumps	1	0	0	1	0	1
O. Neonatorum	2	1	1	0	0	0 A
Pellagra	4	0	1	1	2	2
Pneumonia	2	1	1	0	0	7
Scarlet Fever	4	2	0	1	1	3
Small Pox	7	4	0	0	3	2
Syphilis	55	4	0	4	47	35
Tuberculosis	35	9	6	8	12	20
Typhoid Fever	31	8	8	5	10	9
Whooping Cough	24	8	14	0	2	2

A—Less than one.

B—More than one but less than two.

Reported Cases of the following diseases for July, 1923.

[illegible]

BUREAU OF VITAL STATISTICS

Continued

Reported Cases of the following diseases for July, 1923.

Counties	Ty-phoid	Mal-aria	Small Pox	Diph-theria	Meas-sles	Hook-worm	Sy-philis	Gonor-rhoea
Manatee	1	..	..	1	1	..	..	..
Marion .....	..	1	..	1	..	1	..	1
Monroe .....	..	..	..	..	..	..	..	..
Nassau .....	..	..	..	..	..	..	..	..
Okaloosa .....	..	..	..	..	..	..	..	..
Okeechobee .....	..	..	..	..	..	..	..	..
Orange	1	..	..	1	..	1	..	..
Osceola .....	..	1	..	..	1	..	..	..
Palm Beach	1	..	..	1	..	..	..	..
Pasco	2	5	..	..	..	2	..	..
Pinellas .....	..	3	..	..	3	..	..	4
Polk	1	1	..	..	2	1	..	..
Putnam .....	..	1	..	..	..	..	..	..
St. Johns .....	..	..	..	..	..	1	..	..
St. Lucie .....	..	..	..	..	..	..	..	..
Santa Rosa	1	..	..	..	..	13	..	..
Sarasota .....	..	..	..	2	3	..	..	..
Seminole .....	..	2	..	..	1	..	..	..
Sumter .....	..	..	..	..	..	..	..	..
Suwannee	1	..	..	1	..	1	..	..
Taylor .....	..	..	..	..	..	..	..	..
Union	1	..	..	..	..	..	..	..
Volusia	2	1	..	..	..	1	1	2
Wakulla .....	..	..	..	..	..	..	..	..
Walton .....	..	..	..	..	..	1	..	..
Washington .....	..	..	..	..	..	..	..	1

Cities (Following figures are included with County Totals):

Jacksonville	6	12	1	2	63	1	45	17
Tampa .....	..	5	1	1	15	3	2	3
Miami	1	1	3	4	1	..	4	2
Key West .....	..	..	..	..	..	..	..	..

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

Our Health Departments Protect Us From Disease



Each One Should Help to Keep Preventable Disease
From Breaking Through

LABORATORY,
25TH. & EAST STREET,
WASHINGTON, D.C.

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FLORIDA



HEALTH NOTES

OFFICIAL BULLETIN
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Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.
If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D. STATE HEALTH OFFICER
Jacksonville

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Raymond C. Turck, M. D., State Health Officer

THE IMPORTANCE OF HEALTH EXAMINATIONS

The National Health Council, a combination of the thirteen greatest health organizations in the United States, has inaugurated a "Health Examination on Your Birthday" campaign with an ultimate goal of every person in the United States having a complete physical examination to determine the present state of his or her health and, as far as possible, what it will be some years hence.

Quoting from the United States Public Health Service: "Most persons think of death as coming from one of the great diseases, typhoid fever for instance. But it isn't these that do the real damage. It's the hidden things that weaken your organs without your knowing it until the test comes and you find yourself defenseless. It is, for instance, the abscess at the root of a tooth that manufactures the pus that injures the kidneys; the infected tonsils that discharge a pus that causes rheumatism; the little lump beneath the skin that some day changes into a deadly cancer; the work that strains ones weakest spot until it gives way, when another sort of work would do no harm. All these things can and will be investigated under the Council's plan by a reputable physician—by each person's family physician, if he likes."

It is predicted that this examination campaign will assist in lengthening the average human life at least twenty years in the next fifty years.

It is really surprising to note the utter disregard with which the average human being holds his life. He will go for years without having his heart, lungs, kidneys, eyes and teeth examined. Adenoids and diseased tonsils are ignored. High blood pressure means nothing to him. He shows more consideration for his automobile and his business than for himself.

Major Beal, supervisor of Physical Education in the Chicago High Schools, in commenting on the importance of annual physical examinations, states as follows:

"No capable business man would think of carrying on his business without taking stock and balancing his books. Any man who had been in business for forty years without taking an inventory would be lucky to keep out of bankruptcy. Yet we start in the business of living at birth and many of us carry on this business for fifty years without knowing how we stand physically."

While one dislikes to consider the value of human life in cold figures, the loss of life by preventable disease is astounding and worthy of note. Figures compiled by the Life Extension Institute show an economic loss of over three billion dollars during one year due to preventable diseases and deaths.

This is surely food for thought.

NEW LOCAL REGISTRARS APPOINTED

Name	Name	Address
704	Mr. N. B. Stone,	Wewahitchka, Fla.
14087	Mrs. M. D. Henderson,	Bay Springs, Fla.
19457	Mr. H. E. Pollard,	R. F. D. No. 1, Lithia, Fla.
20167	Mr. Jos. T. French,	Rt. 2, Caryville, Fla.
25087	Mr. F. F. Thomas,	Immokalee, Fla.
28087	Mr. N. T. Sumner,	Vilas, Fla.
3902	Mrs. LaVerne M. Burgess,	Tarpon Springs, Fla.
4202	Mr. M. E. Brewster,	Hastings, Fla.
4604	Mr. Victor Allen	Bushnell, Fla.
4702	Mr. W. P. Atwell,	Branford, Fla.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

THE CONTROL OF DIPHTHERIA

The only excuse offered for writing on this subject so soon after the paper at Pensacola two years ago is that at that time I closed with the statement that the State Board of Health would undoubtedly offer the Schick test and toxin-antitoxin immunization within a short time.

These were added to the free biologics during the latter part of 1921, and notice was given to that effect.

Lest there might be some present who are not familiar with these biologics let me add a word, even at the risk of repetition, to the great majority of those in attendance.

The Schick test consists of the injection of .2 cc of salt solution containing 1-50 M.L.D. of diphtheria toxin between the layers of the skin on the right forearm, usually on the flexor surface below the bend of the elbow. If the patient is susceptible an area of redness $\frac{1}{2}$ -1 inch in diameter develops in from 24 to 48 hours; this gradually fades, leaving a scaling surface with slight pigmentation that lasts for a short time.

If the patient is immune no redness follows, while if there is a serum sensitiveness it is shown by an area of redness at the site of the injection and at the site of the control done on the other arm with the same amount of the same material but which has been heated to 75 degrees C for 10 minutes.

The toxin-antitoxin treatment consists of three injections, a week apart, of 1 cc of a mixture containing .1 L plus dose of toxin which has been nearly neutralized with antitoxin.

Over 90% of the susceptibles are rendered immune by this measure and those not developing an immunity from the first series may be immunized by further treatment. On account of the great percentage of susceptibles below six, Park recommends that all below that age be given the T-A without a preliminary Schick.

The first city in the State to make use of these agents was St. Petersburg, where Doctor Wood tested 1,710 school children, finding approximately 50 per cent of them susceptible.

All susceptibles were offered the T-A but of 849, only 523 accepted, and of these, 499 took the second injection and 486 the third.

Jacksonville was the second city to use the test. It was offered to the pupils of the city schools but only given to those who brought a signed permission certificate or request from their parents or guardians, not only for the test, but if found positive to give the toxin-antitoxin immunization. Of 2,610 who were tested, 1,076 were found to be susceptible and of these, 960 were immunized by the City Health Department, the balance or nearly all the others went to their family physicians who gave the toxin-antitoxin. This work was done in the spring of 1922, and last autumn we had at least one very interesting and definite illustration of the value of the procedure. During the taking of cultures at one school a positive culture was found from the throat or nose of a son of one of the members of this association. Knowing that he had given a positive Schick and that he had received the T-A a few months previously, we determined to find if this was a virulent or non-virulent organism. The virulence test on each of two guinea pigs proved that we were dealing with virulent organisms and this was repeated later with the same result. Here was a boy carrying organisms in his throat of sufficient virulence to kill guinea pigs in forty-eight hours; though being

BUREAU OF DIAGNOSTIC LABORATORIES (Cont.)

immune he did not have any symptoms, however, it is surely fair to assume that but for the immunization received from the T-A in the spring of 1922, he would have had a case of diphtheria instead of being an immune carrier of virulent organisms for at least twenty-two days and we do not know how long he had been carrying these organisms before the first culture was taken.

At many other places in the State more or less Schick and T-A work has been done, but these agents have not been used to the extent they should be and it is a duty each of us owes to our communities to teach the parents and the school authorities that it is now possible to render practically every child immune to diphtheria.

In the previous sentence the word child is used simply because we are speaking of a disease that is primarily a disease of childhood, but it is also possible to immunize adults as well. It is the firm belief of the writer that a hospital that allows one of its nurses to graduate without knowing that she is immune to diphtheria, has failed to realize its duty to its graduates. The same, of course, holds true of medical schools.

The State Board of Health has been ready at all times to demonstrate the test to the County Societies and has responded each time it was called upon, also, to assist the different communities in the work of finding the susceptibles and immunizing them. Will you help us to cut the incidence in this State, practically to the vanishing point and in this way render a service to your state, community and patients that will repay every effort you may make?

I wish to quote re the dosage of antitoxin in the treatment of diphtheria from Doctor William H. Park, of the Research Laboratories of the New York City Health Department, whose practical experience, not only in the production but also in the administration of antitoxin, makes his statements accepted as the last word to date on this subject.

"Although more than twenty-five years have elapsed since the introduction of diphtheria antitoxin in the treatment of diphtheria, good observers, although nearer together than at first, still differ in the amount which they believe should be injected and in the methods of its administration. Before giving our own conclusion on the proper dosage, it is well to consider several points upon which this dosage is founded.

"The amount of toxin in any case of diphtheria is comparatively small. 100 units of antitoxin which would neutralize 50 times the amount of toxin sufficient to kill a six year old child, would surely make harmless all the toxin present in the most malignant cases if it could gain access to it in time. If we give antitoxin, therefore, as many suppose, simply in sufficient amount to neutralize the poison in the body of an infected person, comparatively small amounts would be injected, but we have to give very much more than this because of the time it requires for much of the antitoxin to reach the toxin. This can be brought into direct contact with the toxin only by being absorbed into the blood and then passing through the capillary walls to the tissue fluids and cells. The greater the quantity of antitoxin that is in the blood the greater will be the speed that an appreciable amount will pass to the tissues. The combined endeavor of the clinical observer and the laboratory worker is to find the suitable dose which will give a sufficient concentration in the blood to neutralize, as quickly as necessary, the toxin in the tissues. In the laboratory we can test the amount of antitoxin which is absorbed

BUREAU OF DIAGNOSTIC LABORATORIES (Cont.)

into the blood from any given dose and the amount which passes out through the tissues, while the clinical observer can note the changes which take place as he watches the case after antitoxin treatment.

"It is naturally a matter of great importance as to how the antitoxin is administered. When it is given subcutaneously, the swelling caused by its injection rapidly disappears by the absorption of the water, but the globulins and antitoxin remain behind in the tissues because of the slow absorption of the proteins. By testing many patients, it has been found that it takes twenty-four hours for the major part of the antitoxin to be absorbed by the blood from the subcutaneous tissues and some twelve hours from the muscles. For its total absorption it requires two or three days. Through the use of the Schick test, it has been determined that an injection of antitoxin given intravenously passes out of the tissue fluid about ten times as rapidly as when the dose is given subcutaneously, and four times as when given intramuscularly. A unit gives most effect when given intravenously and least when given subcutaneously. If it were not for the fact that it is more difficult to give it intravenously and also that sharper serum reactions occur, the intravenous method would be the only one used. Another matter which is of importance is the size of the individual treated. It is self-evident that if a child weighing twenty pounds is injected with 10,000 units, it would, on the average, have in its blood, five times as much antitoxin per cubic centimeter as a person receiving the same amount who weighs one hundred pounds. The influence of weight on the dose is, however, largely neutralized by the fact that diphtheria in the child is generally more dangerous than in the adult. Every minute of delay in the neutralization of the toxin in a severe case is of importance, but in a mild case, where dangerous poisoning is still remote, slight delay makes little difference. Infants and children are especially liable to laryngeal diphtheria, so that every case in a child presents a certain gravity which the adult does not present.

"The last point to be considered is whether a single or multiple dose should be given. It must be realized that antitoxin has no effect whatever on injury which has already taken place. It is as useless then as water on the ashes of a burned out building. If the toxin is permanently united with the cell substance, antitoxin is no longer of any service. It is the early and sufficient dose which is important. When we give a divided dose, we simply get the effect of the first portion during the interval before the giving of the second dose. If the second dose had been given with the first, we would have had its effect added, and so an insufficient dose made adequate. When the first dose has been of sufficient size, the second and third injections, though harmless, are absolutely useless. The holding back of a part of the first dose so as to give it later, simply delays its action to a time when it cannot have much, if any, effect.

"For the last three years, we have used in the hospitals for contagious diseases only a single dose of antitoxin, which in mild cases, has been given subcutaneously; in moderate cases subcutaneously or intramuscularly; and in severe cases, intravenously or intravenously and intramuscularly. After twenty years of experimentation and consultation with physicians in New York and

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elsewhere, the following dosage, which is that adopted by the Health Department of the City and State of New York, is advised:

DOSAGE OF UNITS OF ANTITOXIN IN DIPHTHERIA**Single Dose Only**

	Infant, 10 to 30 pounds (under 2 years)			
Mild	Moderate	Severe		Malignant
2,000	3,000	5,000		
3,000	5,000	10,000		10,000
	Child, 30 to 90 pounds (under 15 years)			
3,000	4,000	10,000		10,000
4,000	10,000	15,000		20,000
	Adults, 90 pounds and over			
3,000	5,000	10,000		15,000
5,000	10,000	20,000		40,000

METHOD OF ADMINISTRATION

Subcutaneous	Intramuscular	$\frac{1}{2}$ intravenous	$\frac{1}{2}$ intravenous
or	or	and	and
intramuscular	subcutaneous	$\frac{1}{2}$ intramuscular	$\frac{1}{2}$ intramuscular
		or	or
		subcutaneous	subcutaneous

The amounts are sufficiently large, and I think no appreciable advantage would be obtained by increasing them."

* * * * *

No apology is offered for the long quotation from Park & Williams-Pathogenic Microorganisms for here, according to my judgment is the best presentation of the subject published. The conclusions are logically drawn and the reasons for each are clearly stated. As this is a matter about which there has been considerable variation of opinion, it was felt that this plain statement might be of advantage to all.

There is one very important factor in the control of this disease that should not be lost sight of and that is the taking of cultures from the nose and throat of all contacts.

This is becoming more and more important as we increase our immune population for many an outbreak of diphtheria has been caused by organisms carried by those who were immune.

No case should be released from quarantine until at least two successive negative cultures from both nose and throat, taken on different days, have been obtained.

The Bureau of Vital Statistics of the State Board of Health received reports of 865 cases of diphtheria in 1921, and deaths from the disease were 69; of these 41 were less than five years of age; 25 others were less than 10 and the other 3 were 10 or over. In 1922, 901 cases were reported and 95 deaths; 67 under 5 years of age; 14 others below 10 and 14 who had passed their 10th birthday.

Let us all join in saving this needless loss for it is wholly preventable.

BUREAU OF CHILD WELFARE

Laurie Jean Reid, R. N., Director

A WELL ROUNDED CHILD WELFARE PROGRAM FOR STATE BOARD OF HEALTH

In presenting a program for child welfare which would provide adequate service for the State, each division of child welfare work has been mentioned separately for the reason that in many states there is not suffi-

BUREAU OF CHILD WELFARE (Cont.)

cient financial appropriation to cover a complete program and only some special phase of child welfare work is taken up.

There should be central organization which should be in the State Board of Health, and this bureau should be so organized and planned for, that it can render to organizations, communities or counties, expert service in putting on either a part or an entire child welfare program.

This bureau should be in a position to give advisory and supervisory service where desired. A complete set of forms, record blanks and literature should be available for use to make it possible for a uniform piece of work to be done throughout the state. It should also be in a position to suggest programs and methods of procedure regarding any or all phases of child welfare work and include in its personnel some capable person who could present to Boards of County Commissioners, School Boards and other governing bodies, the needs for child welfare work. So much depends on the manner in which this is done that great care should be taken in the selection of those who do this work. A pleasing personality and the ability to present a subject in a convincing way is necessary as well as professional knowledge so that any technical question could be answered promptly and correctly.

CLASSIFICATIONS (DIVISIONS) IN THE BUREAU

1. **Instructive work in Maternal and Infant Hygiene.**—The work of this Division should cover both practical demonstrations and educational work in the form of talks to mothers and talks or lectures to mixed audiences where possible, since fathers as well as mothers should know what the needs are. Practical demonstrations in the care of the prospective mother, the preparation for the natal and lying-in period and the care and feeding of the young infant is needed, and it is wise to make this work very practical. Most effective is the method of instructive neighborhood institutes which means going into the home, possibly of a prospective mother, and showing by actual demonstration with the facilities available in that home, how best the arrangement for the baby which is to come, can be made in order to safeguard the lives of the mother and baby.

2. **Supervision of Midwives.**—In states where the midwife is a problem, provisions should be made for the close supervision and instruction of the midwife and according to the needs, the State Board of Health should set the standard and maintain supervision as a part of the work of this Bureau.

3. **Birth Registration.**—There should be a well defined plan which could be followed by public health nurses and other health workers in the field whereby the education of the general public regarding birth registration would be disseminated.

4. **Instruction in the Care of the Preschool Child.**—This should include the diet, habit-forming and general care since the second year is most important. Habits acquired at this period of a child's life usually continue, therefore the work for the runabout child should be emphasized in any child welfare program. The change from liquid to solid food calls for careful work so that the child cultivates the taste for the kinds of food that will build a healthy body. Habits of living also need careful supervision so that the proper value will be put on the proper amount of rest, sleep, fresh air, play and responsibility for his own well being. Any departure from the normal, physically, should be watched for and an examination by a competent physician should be made wherever and whenever indicated. It is neither fair to the state which provides the educational advantages for children, nor is it fair to the child for it to be obliged to begin the period of school life handicapped by either physical defects, disease or malnutrition. The teeth during the preschool period should have careful attention. If the first teeth, milk teeth have good care, the second teeth will almost invari-

BUREAU OF CHILD WELFARE (Cont.)

ably be good and if the first teeth are preserved until the permanent teeth take their place, naturally the second teeth are most apt to come in in proper alignment and sound.

5. **Instructive Care of the School Child**—The care of the school child should include a proper arrangement of the buildings in which children spend their school life, with particular attention to ventilation, heating, seating, water supply, toilet facilities and arrangement for play. In the rural areas, particular stress should be laid on the school lunch since so many rural children, because of the distance to be covered, must carry their lunch to school. Daily inspection of the school children is the best means of preventing epidemics for in this way many times, the diseases are discovered during the period of incubation. Postural defects, which make for permanent deformities if uncorrected, are also discovered in this way. There should be a complete physical examination of every child each year and the corrective care indicated should not be neglected. It is impossible for a physically handicapped child to get what he should from his educational advantages. Repeaters almost invariably are children under par physically, therefore money spent in this way is wasted and could much better be used in providing for health supervision in the schools. Health talks, which would include the teaching of health habits, such as the daily care of the teeth, bathing, proper breathing, mastication of food, the various kinds of food which make up a well balanced diet, their properties, and use in filling the body needs, all told in a way that would be instructive but interesting to children. Exercises that would make for muscular development and the correction of postural defects and teaching children their responsibility in the matter of their own health and development.

6. **Visual Education**—It is a conceded fact that visual education is one of the most effective ways of teaching, therefore, in any well-rounded health program, arrangements should be made for films and a portable machine with a Delco light, so that in the rural sections where electricity is not available, but where health education is so badly needed, they could be shown. The subject covered by these films should vary according to the needs in the particular States in which they would be used. Here in the South films relating to hookworm, mosquitoes and flies, sanitation, food, milk, the care of the teeth, the care of the baby, birth registration, the Public Health Nurse and her work, and safe water supply are all needed. A strong point in favor of visual education is that people, particularly in the country, where going to a lecture means sometimes covering ten miles with a horse or mule over bad roads, will many times go to see a "movie" when just the announcement of a lecture would bring a very small audience. A circulating film service, under this Bureau, which would cover the State through the various public health agencies, particularly in the rural districts, could be of inestimable value in putting over a health program.

7. **Clinics**—It should be possible for assistance to be given on request in outlining plans for, and in the conduction of clinics both for examinations or corrective care for infants, preschool children and school children with a plan for home follow-up also.

8. **Demonstrations and Conferences**—Demonstrations in the care of the sick in the home, the preparation of invalid diet and infant feeding and of the preparation for the natal and lying-in period, should be outlined for the use of any one desiring it, also the technique of health conferences for well babies and neighborhood institutes for mothers.

To summarize: The State Board of Health should set the standard for health activities in the State and its Bureau of Child Welfare should have the trained personnel and finances necessary to give assistance in any part of the State requiring it for the care of the mother from the prenatal period to the end of the school life of the child.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying June 1923, accounts.....	\$36,411.61
July 1923, receipts.....	5,689.63
Total	\$42,101.24

DISBURSEMENTS

Disbursements for July, 1923.....	\$ 8,236.91
Balance	\$33,864.33

DISBURSEMENTS JULY 1923, ITEMIZED

Administration	\$ 982.42
Engineering	1,327.25
Laboratories	2,002.36
Child Welfare	139.50
Vital Statistics	2,013.70
Multigraph	101.74
Antitoxin (biologics)	686.76
Communicable Disease	983.18
	<hr/>
	\$8,236.91

BUREAU OF COMMUNICABLE DISEASE

T. A. Blinn, M. D., Acting Director

TRACHOMA

Trachoma is a disease, or infection, of the conjunctiva (or inner surface of the eye lids). It is chronic in nature, and characterized by an initial conjunctivitis (or inflammation of the eye lids), followed by a thickening of the tissues of the lids with elements resembling granulations (or granulated lids), which ultimately cause the destruction of these tissues, leaving behind a deposit of cicatricial tissue (or scar tissue).

The disease is of Oriental origin. References to it have been found in the writings of the ancient Greeks and Egyptians. The return of Napoleon's soldiers from Egypt in 1802 has been blamed for its now widespread dissemination in Europe, and in some areas it is the cause of sixty per cent of all cases of blindness.

It is particularly prevalent in Russia, Poland, Austria, Galicia, Germany, Finland, Italy, Greece and Spain. It is quite rare in France.

The disease is caused by a specific organism which still remains unidentified, but, that it exists cannot be doubted from the fact that the disease spreads slowly, sometimes rapidly, through a family, or a group of persons who are closely associated together. It may be contracted at any age, with the exception that very young children and babies escape.

In the United States, it is not general in its distribution and its presence is of course due to its importation previous to the enforcement of stringent measures against it. No immigrant is now allowed to enter this country, if he presents evidence of being infected with the disease. Many states have laws and regulations with regard to its control. Under the regulations of the state of Florida, no person having a communicable disease shall be permitted to attend, teach or be otherwise employed in any private, parochial or public school, or in any college or university in the state. Fur-

BUREAU OF COMMUNICABLE DISEASE (Cont.)

ther that no individuals may teach in the public schools of Florida without having a health certificate from a reputable physician showing that they are not infected with, and not carriers of, a communicable disease.

If the above is complied with, the spread of contagious and infectious diseases in our schools will be better controlled. The discovery of a person (pupil or employee) in the school, affected with any disease of the eyes should be the cause of a rigid and immediate investigation of the eyes of all persons, in an effort to trace out the source of infection; then to exclude the proper ones, explaining to these persons the danger arising from neglect of the condition and urging them to call in their physician.

The transmission of the disease may be by direct contact with the person infected, it may adhere to the walls, door knobs, chairs, windows, floors, articles of wearing apparel, toys, school desks, books and towels; this last named is probably the medium by which most of the infection is carried to others.

IF YOUR CHILD complains continually of getting sand in his eyes, if the light hurts, and he squints from the light and his eyelids look darkened, or reddened and swollen, YOU should have his eyes examined by your physician or your eye specialist. IT MAY NOT BE TRACHOMA, but it might be, or it might be a conjunctivitis, or a granulated lid, and should have care and treatment. YOUR CHILD IS ENTITLED TO THIS, HE WANTS HIS EYESIGHT. "The protection of the citizen from the assaults of ignorance, indifference, or neglect, when they threaten his well-being and even his economic efficiency, is the duty which the state cannot evade, and which he has the right to exact." Thus is formulated the principles upon which is based every activity of the Health Officer that has to do with the conservation of human comfort and efficiency rather than the preservation of life. The Health Officer in his efforts to prevent and eliminate a communicable disease, must, of course, exclude or isolate, or quarantine the person or persons who are dangerous to their neighbors, and to remove foci of infection. This is the greatest principal upon which he carries on his work. The assistance he receives from the public is of the greatest value to him. If the Health Officer is called at any time to your vicinity, it may be necessary that he should look over the pupils of your schools, "YOUR CHILDREN." He is giving your children protection and you protection. If he finds a child who has a trachoma infection, he may be the means of saving that child and others from a life of blindness by informing the parents of the condition and its danger and by preventing other closely associated children from becoming infected with the disease.

BUREAU OF SANITARY ENGINEERING

George W. Simons, Jr., S. B., Chief Engineer

NEW HEALTH PROBLEMS IS PRESENTED IN AUTO CAMPS

Since 1920 the State of Florida has been dealing with a new public health problem. The constant and extensive improvement of highways and the ever increasing use of automobiles has greatly intensified the wanderlust spirit of people. Today the network of highways throughout the land is erasing state lines and when the time for travel arrives the auto is oiled up and used. The vacationists travel far and often by machine, many enjoying the open air camp life en route to their respective destinations. The Jacksonville Motor Club estimates that last season in excess of 100,000 autoists entered Florida. It is this interstate travel with its intricacies and inconveniences that emphasizes the new public health conditions. That camps should be sanitary and campers should conduct themselves in a man-

BUREAU OF SANITARY ENGINEERING (Cont.)

ner conducive to best sanitation are truths which should be better understood. Traveling day by day is wearing on the most sturdy constitution and under such conditions one should observe and practice all the simple, safe rules of proper living. Insanitary conditions at camps are potential menaces not only to the campers but to the permanent residents in the vicinity. Many who avail themselves of the auto route are convalescent from disease and in passing from one community to another might innocently distribute the seeds of infection, providing the proper camp facilities are not arranged for.

A few years ago one of our central states was visited by a severe outbreak of typhoid fever; during the winter months of that year Florida had many scattered cases of fever. A census of automobile travel disclosed that this central state had the second largest number of cars in Florida that year, and the chances are favorable that among the number were some "carriers" or convalescents. This alone shows one of the possibilities, the principle reason why the State Board of Health is constantly talking camp sanitation. It must be demanded because our highways and automobiles are bringing us closer together.

The auto tourist camp is a community institution; it is here to stay. As long as highways are good and automobiles are made, we must be prepared to take care of the hundreds of thousands who are coming to us annually in this manner.

Recently an East Coast town advised that they would have no auto camp this year—they were tired of the camp. Where are the people going who camped there last year—several hundred of them? Some of them will return to this town and in the absence of a camp will rent a remote lot and "squat" for the season and thereby become a greater potential menace to the community than the citizens attributed the camp to be. The majority of the former campers, however, will pass through this town and go elsewhere to spend their money.

The tourist camp problem in Florida is considerably different than in any other State with the possible exception of California. Florida is the end of the line, it is the stopping point. The camper arrives here in September and remains until May; in some instances he remains in the same camp throughout the season. He is not much of a transient after reaching Florida. Along the highways of the United States many camps are located, but the majority of them are transient in character. Between Chicago and Jacksonville on the Dixie Highway, between Washington and Jacksonville, on the National Highway and between New York and San Francisco, on the Lincoln Highway, there are hundreds of purely transient camps which accommodate the "en route traveler." Many of these camps, however, are models well worth study; they demonstrate what can be done and what camps should do.

Throughout Iowa, Illinois, Kansas and even Minnesota, special study is being devoted to these utilities to make them worth while institutions. Every "en route camp" advertises the town—either favorably or unfavorably. If they are creditable, their praises are widely sung.

Since the first experiences of 1919 the tendency has been for the camps to operate under private, rather than city control. There is also a tendency to eliminate the so-called "free" camp and place them all on a pay basis. These are both constructive advances. In some places where city camps are still maintained, the operation and rules of the camp are defined by local ordinances and the period of camping is limited. At West Palm Beach, for instance, every camper must register upon entry into a camp, also pay a daily fee of a nominal amount and at the end of two weeks give

BUREAU OF SANITARY ENGINEERING (Cont.)

up the camping privilege. The ordinance also prohibits one who camps from laboring outside in competition with local labor, a favorable clause. This ruling has operated successfully for nearly three years and to date has been copied by many cities throughout the country. Such a system prevents the camper from "squatting" all season and the fee provides for a full time caretaker who is in constant attendance.

The private camp operates for profit and in many ways it is to be preferred to the public camp. In the smaller towns of 500 to 1,000 population having camps, it is difficult to locate the proper authority responsible for camp operation; the mayor usually passes the buck to the clerk and he to the marshal with the result that no one is in charge. In the case of the private camp the operator or responsible party can always be found and can be held accountable. Lake Monson, Clearwater, St. Petersburg, Jacksonville and near Tampa have typical examples of private camps for "pay."

The State Board of Health with its very restricted personnel, has endeavored to regulate camp sanitation for the past several years but it has been a difficult task. Camps are considerably better than four years ago, and we confidently believe that they will be in a much better condition this season than last; notwithstanding, there will probably be twenty-five more camps this year, making a total of nearly seventy-five. Our difficulty has been due largely to the passive, reluctant attitude of cities to assume their responsibility. In most places also the civic organizations took no interest in the matter and did nothing to assist or cooperate. During 1922 a plan of camp authorization by county commissions was developed but only one board (Duval County) cooperated and helped us. No other board would assist in the work so the plan failed. During the Spring of 1923 the State Board of Health proposed a complete health measure to the Legislature, which would have enabled a most rigid control and would have made Florida's camps the models of the country—but the Legislature voted it down.

There is ample room for improvement but without the interest and assistance of the people, the work of improvement will be slow. Study has been devoted not only to the primary points of camp sanitation, but also to the questions of camp design and layout, registration of campers, camp equipment and appurtenances, all of which will be covered in our new regulations. It is the firm belief of the State Board of Health that a camp established on a (a) well selected site of ample size; (b) laid out or designed following some previous thought and discretion; (c) properly equipped with facilities such as lights, water, refuse disposal and sewerage, and (d) provided finally with some type of camp social center, will be a credit and valued asset, not only to the community in which it is located but to the State at large.

BUREAU OF VITAL STATISTICS

"No health department, State or local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring."

MORBIDITY

Notification of 1,144 Cases of Sickness has been received during the month of August as compared with 2,302 for the same month last year.

	Total Cases	By Weeks August, 1923					Weekly avg. for Aug. 1922
		1st	2nd	3rd	4th	5th	
Anthrax	2	0	2	0	0	0	0
Cancer	74	36	35	2	1	0	5
Chancroid	7	0	3	3	0	1	2
Chicken Pox	5	1	0	1	1	2	0 A
Dengue	3	0	0	0	1	2	248
Diphtheria	43	3	11	12	6	11	14
Dysentery	11	7	3	0	0	1	2
Epi. Meningitis	5	0	3	2	0	0	0 A
Gonococcus	69	26	7	14	8	14	23
Hookworm	112	10	12	45	28	17	15
Influenza	29	20	6	2	1	0	47
L. Encephalitis	1	0	1	0	0	0	0 A
Malaria	139	16	36	44	17	26	37
Measles	69	18	26	3	8	14	0 A
Mumps	2	0	2	0	0	0	0 A
Pellagra	16	6	8	1	1	0	3
Pneumonia	73	38	34	0	0	1	5
Poliomyelitis (A)	2	0	0	1	1	0	0 A
Scarlet Fever	4	0	1	0	2	1	2
Small Pox	1	0	0	0	1	0	3
Syphilis	218	55	58	37	31	37	30
Tetanus	13	7	6	0	0	0	0 A
Tuberculosis	158	65	54	16	9	14	15
Typhoid Fever	64	15	30	8	3	8	9
Whooping Cough	24	2	8	7	3	4	0 A

A—Less than one.

B—More than one but less than two.

BUREAU OF VITAL STATISTICS (Cont.)

Reported Cases of the following diseases for August, 1923

Counties	Ty- phoid	Mal- aria	Small- Pox	Diph- theria	Tuber- culosis	Hook- worm	Sy- philis	Gonor- rhea
STATE	64	139	1	43	158	112	218	69
Alachua .....	.....	.....	.....	.....	3	6	.....	.....
Baker	1	.....	.....	.....	2	.....	.....	1
Bay	1	3	.....	1	2	.....	1	2
Bradford	1	.....	.....	.....	.....	.....	.....	.....
Brevard .....	.....	.....	.....	.....	.....	1	1	.....
Broward .....	.....	2	.....	.....	.....	.....	.....	.....
Calhoun	3	2	.....	.....	1	.....	.....	1
Charlotte .....	.....	.....	.....	.....	1	.....	.....	.....
Citrus .....	.....	1	.....	.....	.....	.....	.....	.....
Clay	1	.....	.....	.....	.....	.....	.....	.....
Columbia	1	2	.....	1	3	.....	1	.....
Dade .....	.....	2	.....	1	8	3	11	11
DeSoto .....	.....	.....	.....	.....	.....	1	.....	.....
Dixie	1	1	.....	.....	.....	.....	.....	.....
Duval	5	10	1	7	19	.....	141	36
Escambia	1	3	.....	1	3	5	.....	.....
Flagler .....	.....	1	.....	1	2	.....	.....	.....
Franklin .....	.....	.....	.....	.....	.....	.....	.....	.....
Gadsden	1	.....	.....	2	11	.....	5	.....
Glades .....	.....	1	.....	.....	.....	1	.....	.....
Hamilton .....	.....	.....	.....	.....	.....	.....	.....	.....
Hardee .....	.....	17	.....	.....	.....	4	.....	.....
Hernando .....	.....	.....	.....	.....	.....	.....	.....	.....
Highlands .....	.....	.....	.....	.....	.....	3	.....	.....
Hillsboro	2	17	.....	7	21	3	24	11
Holmes .....	.....	.....	.....	.....	1	.....	.....	.....
Jackson	1	3	.....	1	1	11	.....	.....
Jefferson	1	4	.....	.....	.....	4	.....	.....
Lafayette	2	.....	.....	.....	.....	2	.....	.....
Lake	2	3	.....	1	4	.....	.....	.....
Lee	1	.....	.....	.....	3	2	.....	.....
Leon .....	.....	11	.....	.....	2	5	.....	.....
Levy	2	4	.....	.....	4	9	.....	1
Liberty .....	.....	.....	.....	.....	.....	.....	.....	.....
Madison	3	1	.....	.....	4	.....	.....	.....

BUREAU OF VITAL STATISTICS (Cont.)

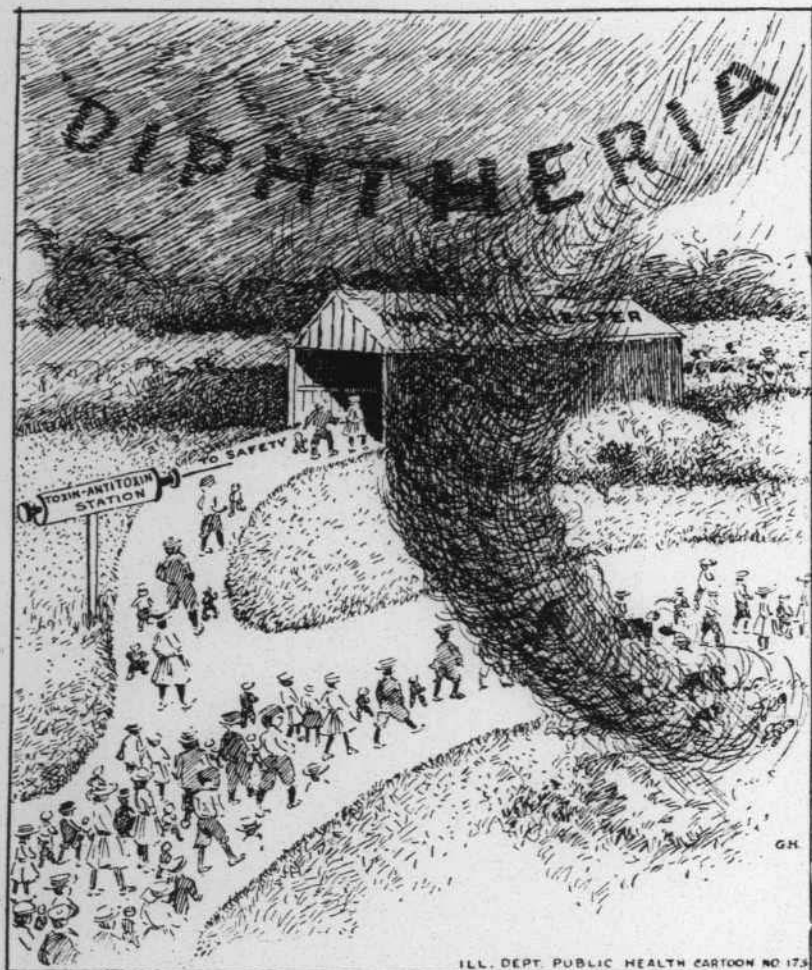
Counties	Ty-phoid	Mal-aria	Small-Pox	Diph-theria	Tuber-culosis	Hook-worm	Sy-philis	Gonorrhea
Reported Cases of the following diseases for August, 1923								
Manatee	6	.....	.....	3	6	.....	2	.....
Marion	7	8	.....	.....	6	2	2	.....
Monroe .....	.....	.....	.....	.....	5	.....	.....	.....
Nassau .....	.....	3	.....	.....	2	1	.....	.....
Okaloosa	1	.....	.....	.....	1	14	.....	.....
Okeechobee .....	.....	.....	.....	.....	1	.....	.....	.....
Orange	5	1	.....	2	3	1	2	.....
Osceola	1	1	.....	.....	1	.....	.....	.....
Palm Beach	1	1	.....	1	4	3	.....	.....
Pasco	1	8	.....	2	5	3	.....	.....
Pinellas	1	4	.....	.....	4	.....	.....	1
Polk	3	12	.....	1	6	7	3	.....
Putnam .....	.....	7	.....	4	3	.....	1	.....
St. Johns	1	.....	.....	.....	5	.....	1	.....
St. Lucie .....	.....	.....	.....	.....	3	.....	18	3
Santa Rosa	1	1	.....	.....	1	.....	1	.....
Sarasota .....	.....	.....	.....	.....	1	3	.....	.....
Seminole .....	.....	1	.....	2	2	1	2	.....
Sumter .....	.....	.....	.....	.....	.....	.....	.....	.....
Suwannee	1	.....	.....	.....	.....	1	.....	.....
Taylor .....	.....	.....	.....	.....	.....	2	.....	.....
Union	1	2	.....	1	.....	1	.....	.....
Volusia	2	2	.....	4	3	11	1	2
Wakulla	1	.....	.....	.....	1	1	1	.....
Walton	1	.....	.....	.....	.....	.....	.....	.....
Washington .....	.....	.....	.....	.....	.....	1	.....	.....

Cities (following figures are included with County Totals):

Jacksonville	4	8	1	7	16	.....	140	36
Tampa	1	6	.....	3	4	.....	18	7
Miami .....	.....	2	.....	1	6	.....	9	9
Key West .....	.....	.....	.....	.....	5	.....	.....	.....

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

BY THE USE OF TOXIN-ANTITOXIN YOUR CHILD MAY BE MADE
IMMUNE TO DIPHTHERIA



ILL. DEPT. PUBLIC HEALTH CARTOON NO 173

Along the Stormy Highway of Childhood.

LABORATORY,
25TH. & EAST STREET,
WASHINGTON, D.C.

10:1 23

FLORIDA



HEALTH NOTES

OFFICIAL BULLETIN
PUBLISHED MONTHLY BY THE
STATE BOARD OF HEALTH

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VOL. 15

NOVEMBER, 1923

NO. 11

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

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Raymond C. Turck, M. D., State Health Officer

PERSONAL HYGIENE

The study of hygiene itself is very much neglected in the schools of today, yet it is the science through which public and personal health may be secured. A study of personal hygiene teaches us how to properly care for the body in order to maintain health and prevent disease.

Every individual owes it to himself as well as to his community to do his share in safeguarding the health of the community by cultivating such habits as conduce to a healthy existence and to sanitary community conditions.

Habits of personal cleanliness should be formed, the diet should be regulated, the body protected by suitable clothing. Sufficient exercise indulged in and the system in general kept in good working order. A sufficient part of each twenty-four hours should be set aside for needed rest of mind and body in a properly ventilated; clean, quiet room.

These are the essentials of personal hygiene.

Personal cleanliness may only be maintained by frequent bathing. This is important because of its action in removing dirt and infectious material and in promoting the normal functions of the skin which include elimination of waste material from the system and protection of the more delicate structures within from the destructive agencies without.

While the entire body surface should be scrubbed thoroughly with warm water and soap not less than twice a week, there should be a daily bath or shower followed by a brisk rub down with a coarse towel. The teeth should be cleaned after every meal. The nose, throat and ears should be kept clean for the reason that they may harbor bacteria which may cause serious trouble to not only the individual but others as well.

The habit of placing foreign matter in the mouth, including the fingers, is a bad one and should be stopped. Not only because of unclean substances being brought into the mouth of the individual but because of the distribution of saliva on everything the fingers touch.

Consider for a moment the many ways in which the wholesale distribution of saliva is brought about. The fruit man moistens the apple with his lips and "shines" it on his dirty coat sleeve or apron. The street car conductor turns over the transfer with moistened finger before handing it to you. The reader turns over the pages of a library book with moistened finger. Lint is removed from a pen point with the teeth. The unclean pencil is held between the lips while the writer meditates. Stamps and envelopes are moistened, thread is pointed and the teeth are used to hold pins, paper, money, etc.

Children because of their ignorance of consequence are the greatest offenders and should, therefore, be schooled in the dangers of

ADMINISTRATION (Cont.)

mouth borne diseases and infections. Their toys are continually placed in their mouths. They exchange half eaten cookies, fruit, candy and cake without compunction.

The public drinking fountain, another offender, should be supplied with paper cups, lavatories with paper towels and public toilets with sanitary seats.

Since ill health and death are due, with the exception of physical violence, from poisons the necessity for keeping the body free from poison is most important. The normal liver destroys many poisons yet the elimination of such poison depends upon the action of the kidneys, bowels and skin, the most important of which are the kidneys. The kidneys eliminate poison from the blood through the medium of water, therefore, it is expedient that a sufficient quantity of pure water be taken each day to eliminate systemic poisons from the body. Solid waste matter if retained too long causes a condition of putrefaction, hence the importance of regular bowel movement is stressed.

Elimination of body waste is also brought about by the skin thru perspiration and the lungs by expired air. The former may be maintained by daily baths and proper exercise and clothing; the latter by proper breathing and posture.

Summarizing, strict attention of personal hygiene by both child and adult together with a health examination once each year cannot but help to increase the normal length of the span of life.

BUREAU OF ACCOUNTING**Screven Dozier, Auditor****RECEIPTS**

Balance after paying July 1923, accounts	\$33,171.33
August 1923, Receipts	3,891.66

Total	37,062.99
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DISBURSEMENTS

Disbursements for August 1923	9,039.15
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Balance	\$28,023.84
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DISBURSEMENTS FOR AUGUST 1923, ITEMIZED

Administration	\$ 1,210.10
Engineering	1,569.40
Laboratories	2,038.80
Child Welfare	232.07
Vital Statistics	1,283.80
Multigraph	301.64
Antitoxins	1,666.67
Communicable Disease	736.67

	\$9,039.15
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BUREAU OF CHILD WELFARE**Laurie Jean Reid, R. N., Director****PLAN FOR NEIGHBORHOOD INSTITUTES**

This plan has been made after one year's work in the rural districts where almost every ordinary method of reaching the rural population has been tried. It is the mother who must be reached and convinced of the need for care for herself and her baby if we are ever to reach our objective which is the lowering of maternal death rates and the building of a sturdier, healthier generation.

Realizing that to all women, but particularly to mothers, the home is the most familiar place, we have arrived at the conclusion that the home, then, is the best place in which to get over instruction. In the rural districts we find that money is not always plentiful and that we must, if we would help as we should, teach mothers to improvise. For this reason we are not permitting the nurses doing this work to carry a perfect equipment, all of which would, of necessity have to be purchased for use in the home, if the results obtained would be commensurate with the instruction given.

Much depends on the nurse, her training, her ingenuity in improvising, her personality, which must win over the women in her neighborhood, her patience and her ability to translate her technical knowledge into A B C English and simple demonstrations.

By doing advance work in a community and this is always done, no matter what piece of work is attempted, to find the interested people, selection can be made of an average home in which to carry on the Institute, since the majority of homes are "average".

The subjects to be covered would be:

"Care of the prospective mother", which would include bathing, diet, clothing, care of the breasts, the preparation of a layette.

"Preparation for the natal and lying-in period", which would include the preparation of paper pads for the bed, the making of an obstetrical bed, the making of the necessary supplies and sterilization of same. The method of procedure in giving a bed bath and changing the bed linen with a patient in bed. How to wash and dress a baby.

"The care and feeding of the infant", the arrangement of a feeding schedule for either breast, breast and bottle, or bottle fed baby. The preparation of cereal waters and gruel to be used in supplemental feeding of the mother or in the preparation of modified infant feeding. The preparation of modified infant feeding with the various kinds of artificial foods, and milk, both fresh cows' milk and canned milk, dry or condensed.

Everything useable in a home which would obviate the necessity of a purchase must be made use of since the cost of obstetrical supplies is one of reasons constantly given us for not having them. The contents of the rag bag can many times furnish supplies when properly boiled and picked over that will save the cost of gauze and cotton.

BUREAU OF CHILD WELFARE (Cont.)

The nurse must teach, by demonstration; for instance, when the nurse scours a lard bucket or a pan to make it fit to boil things in, not many in the class will forget the need for the scouring. The room which she is to occupy must be clean, therefore, it will be the nurse's job to make an example of a room, properly cleaned for an obstetrical case.

A number of these Neighborhood Institutes could be carried on at the same time by a careful arrangement of hours. The morning hours, when women are busy with their housework and it would not be practical to have classes, the nurse's time will be taken up in work with midwives, which will include home visiting, inspection of equipment, instruction and examination; birth registration and home visiting to special cases on request.

Where the institute would be held in the home of a prospective mother where a midwife would be employed, if possible, the midwife would be invited to the institute so that she might have the advantage of the lecture and demonstrations.

We are convinced, after many months of experiment along various lines, that it is not lack of interest on the part of mothers so much as it is the necessity for her leaving her home and going to some center quite some distance away to receive the instruction. Many times a woman will take the baby and possible two or three runabout children and go a block or two, to see a neighbor when she would not clean up and dress the same little group to go to a public gathering. We are therefore willing to experiment and since the mountain will not come to Mohammed, Mohammed must go to the mountain. In other words, we will try carrying information necessary for the safety of the mother and baby into the home under the guise of the Neighborhood Institute and will refuse to be discouraged until the plan has been thoroughly tried out in various localities.

BUREAU OF SANITARY ENGINEERING**George W. Simons, Jr., S. B. Chief Engineer****THIRD MOSQUITO CONFERENCE**

BARTOW has been selected as the place for the next meeting of the Florida Anti Mosquito Association. This meeting, which will be held on December 6th and 7th, is the anniversary meeting of the organization and the third meeting of the Association.

The first meeting, at which time the organization was formed, was held at Daytona on December 6th and 7th, 1922. At that meeting the organization selected as their President Dr. Joseph Y. Porter, and as Secretary, George W. Simons, Jr., with an Executive Committee as follows:

E. G. Swartz, Perry; J. E. Ingraham, St. Augustine; Elizabeth Skinner, Dunedin; W. E. A. Wyman, St. Petersburg; Josie Rogers, M. D., Daytona; A. A. Coult, Jacksonville; Jules M. Burguières, West Palm Beach; D. P. Sias, Orlando; S. R. M. Kennedy, Pensacola; G. H. Clements, Bartow.

The second meeting was held at St. Petersburg on March 21st and 22nd, 1923. This meeting was well attended and among those from out of the State were Mr. J. A. Le Prince, Senior Sanitary Engineer of the U. S. Public Health Service, and Mr. Russell Geis, Union County Mosquito Eradication Commission, Elizabeth, N. J. Many new aspects of mosquito control work were brought out at this meeting and much constructive information gained.

Throughout Florida a keen community interest has been displayed in mosquito control activities during the past summer. Work which in the earlier part of the season was more or less problematical has developed into a tremendous reality; into a vital force for community betterment. Today Florida cities and towns are engaging in the work of mosquito control as never before.

During the summer a survey of community mosquito control programs was made and, as a result, the State Board of Health feels encouraged at the manner in which citizens are endeavoring to do their bit. From Key West northward along the coast to Fernandina practically every city and town has been doing control work; the campaigns at Key West, Miami, Delray, West Palm Beach, Stuart, Ft. Pierce, Daytona, New Smyrna, St. Augustine, Jacksonville and Fernandina being noteworthy for their effectiveness and because, too, of the interest being manifested by the citizens of those places. On the west coast the campaigns at St. Petersburg, Clearwater, Tampa, Bartow, Sarasota, Bradentown, Palmetto and Manatee have been giving splendid results. Ocala, Gainesville, Sanford, Eustis, Live Oak, Lake City, Tallahassee, Apalachicola, Marianna, Panama City, Quincy and Pensacola have all been carrying on a work which will do much to bring about effective results.

At the BARTOW meeting representatives from the several communities will discuss their respective plans and many practical points and problems will be reviewed at that time. A large attendance is

BUREAU OF SANITARY ENGINEERING (Cont.)

expected at the Bartow meeting from all sections of the State, and we hope to have with us again Mr. Wilbur Walden of New Jersey and Mr. Gies, also of New Jersey, as well as Mr. Le Prince of the Public Health Service. Mr. H. W. Van Hovenberg of Arkansas who has had considerable experience in mosquito control work, has also signified his intention of being with us. The information gained at the previous meetings, together with practical experience of the past year in mosquito control work, should make this meeting a "live" one and productive of much good.

**FIRST ANNUAL SCHOOL OF INSTRUCTION
FOR
SANITARY INSPECTORS**

Since January many Florida cities and towns have appointed sanitary inspectors primarily to do mosquito control work, also to supervise other matters pertaining to municipal sanitation. These inspectors are men employed to better health and sanitary conditions in their communities and in every instance are anxious to render a good service. However, these men were selected from among the townsmen and often were untrained for the tasks before them. Knowledge of this condition caused the State Board of Health to conceive of the plan of a School of Instruction for these sanitary inspectors.

Florida communities were well represented at the First School of Instruction for Sanitary Inspectors which was held in Jacksonville on September 18th to 22nd inclusive.

The program presented at this Conference was most comprehensive and embraced all phases of health work from a sanitary inspector's viewpoint. The State Board of Health was fortunate in securing representatives from the U. S. Department of Agriculture, Bureau of Animal Industry, and the U. S. Public Health Service, who addressed those in attendance on subjects of public health importance. Dr. C. E. Waller, of the Public Health Service spoke of the responsibility of the inspector in rural sanitation work. Dr. E. F. Hazen, of the Bureau of Animal Industry, discussed meat inspection emphasizing the detection of unfit meats and Mr. R. J. Posson of the same Bureau addressed the School on the subject of the marketing and production of clean milk. Others taking part in the program were: Col. R. C. Turck, State Health Officer; Dr. M. B. Herlong, City Commissioner, Jacksonville; A. V. Snell, Manager, Jacksonville Chamber Commerce; Dr. W. W. Mac Donell, City Health Officer, Jacksonville; Mr. Frank Johnson, Sec'y to the City Health Officer, Miami; Dr. W. E. A. Wyman, Pure Food Inspector, St. Petersburg; Mr. Geo. E. Miller, Bradentown; Miss R. N. Mettinger, Bureau of Child Welfare, Jacksonville; Dr. F. A. Brink, District Health Officer, Tallahassee; Dr. B. L. Arms, Director, Diagnostic Laboratory, Jacksonville; Dr. H. Marshall Taylor, Pres. Florida Medical Society, Jacksonville; Mr. Horatio N. Parker, City Bacteriologist, Jacksonville; Mr. George W. Simons, Chief Sanitary Engineer and Dr. S. G. Thompson, Director,

BUREAU OF SANITARY ENGINEERING (Cont.)

Bureau of Vital Statistics, State Board of Health, Jacksonville.

It might be mentioned that this school was the first of such type ever held in this country and much interest has been registered concerning it from other states. Colorado and Texas as well as other states have sent inquiries to the Board relative the work and accomplishments of the Conference. A similar school is now being arranged by the Texas State Board of Health.

The success of this school was evidenced by the keen interest and enthusiasm displayed by those in attendance and it is believed that the men returned to their respective communities better equipped to handle the problems confronting them.

BUREAU OF COMMUNICABLE DISEASE

T. A. Blinn, M. D., Acting Director

COMMUNICABLE DISEASE IN FLORIDA

Freedom from dengue, and influenza, over the entire state of Florida this year may well be judged by the following figures showing the number of officers and men of the 154th Infantry, Florida National Guard, who passed through the Camp Infirmary, or the care of the surgeons in charge, during the fifteen days of instruction at Camp Johnson, the state Camp grounds.

In August, 1922, there were nineteen hundred and twenty three cases, the great bulk of which were minor ailments and accidents. There occurred a mild epidemic of influenza and dengue, due to a large number of men leaving their home stations in different parts of the state where these two diseases were prevalent last year.

In August, 1923, there were seven hundred and nineteen cases passing through the Infirmary, none of which were in the category of communicable diseases. Evidently not much dengue or influenza in Florida this year.

ELIMINATION OF PATENT MEDICINE ADVERTISEMENTS FOR CURE OF V. D.

Realizing the detrimental effect upon their employees and the public in general, as a result of the exhibition of signs and advertisements extolling the merits of this or that patent medicine, or nostrum, for the quick (three day) cure of venereal diseases, together with the sign of the advertising specialist (or quack doctor), the Florida East Coast Railway and the Atlantic Coast Line Railway have ordered and caused to be removed from their property all signs of this character. Educational placards, glass covered, designed by the United States Public Health Service and the Florida State Board of Health, are given a prominent place.

NOTES FROM THE DISTRICTS WEST FLORIDA

F. A. Brink, M. D., District Health Officer

INFECTION AND IMMUNITY

A better understanding of the relationship between infectious diseases and immunity would be of great value in promoting public health.

Many persons have a natural immunity to certain diseases. Forty per cent of children and sixty per cent of adults are naturally immune from scarlet fever and diphtheria, while natural immunity from typhoid, measles and smallpox is very rare.

Passive immunity, the kind required by the injection of serum from immunized animals, is temporary, lasting at best but a few weeks or months. The serum so injected contains antitoxin or anti bodies which prevent or cure certain specific diseases such as diphtheria or tetanus (lockjaw).

Active immunity, produced by an attack of disease or by a vaccine, is in many instances permanent or of long duration, as in typhoid, scarlet fever, measles and smallpox. This is due to the fact that the individual produces his own antitoxin and the supply is continuous.

The best known immunity produced by artificial inoculation or vaccination is that against smallpox, while the preventive inoculation against typhoid has become well known and is in general use. During recent years a method has been developed by which it is possible to immunize against diphtheria by a safe and harmless inoculation. Other diseases against which artificial immunization has proven of value are typhus, plague, tetanus, hydrophobia.

Sickness, suffering and, sometimes death, are avoided in many instances by taking advantage of preventive inoculation, the value of which is obvious to thinking people, even those who do not consider the economy of time and money.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES
OF THE STATE BOARD OF HEALTH DURING SEPTEMBER
1923.

	Jackson- ville	Tampa	Pensa- cola	Miami	Talla- hassee	Total
Animal Parasites	474	188	14	16	66	758
Diphtheria	348	97	46	81	45	617
Typhoid	242	242	15	7	49	555
Malaria	363	286	16	7	75	747
Rabies	13	7				20
Tuberculosis	156	81	8	3	9	257
Gonorrhoea	243	93	12	12	10	370
Syphilis	1312	330				1642
Water: Bact. Ex.		21				21
Milk Bact. Ex.	22	7		85	29	143
Milk Chem. Ex.	25	7	14	207	1	254
Miscellaneous	40	15	3	-2	1	61
	<u>3238</u>	<u>1374</u>	<u>128</u>	<u>420</u>	<u>285</u>	<u>5445</u>
Specimen Containers Distributed						3689

BIOLOGICAL PRODUCTS SENT OUT DURING SEPTEMBER 1923

Diphtheria Antitoxin	10,000 Units	130
	5,000 Units	43
Toxin Antitoxin	1's	6
	10's	22
Schicks	100's	4
Tetanus Antitoxin	20,000 Units	10
	10,000 Units	12
	1,500 Units	210
Carbon Tetrachloride	1 cc	300
Typho Bacterin		1018 Packages
Vaccine Virus		960 Points
Antimeningococcus Serum		6 Cylinders
Antirabic Virus		21 Treatments

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D. P. H., Director****TUBERCULOSIS—ITS CAUSES**

A century ago not less than three hundred of every hundred thousand inhabitants in our cities died each year from consumption. At present many cities are reporting rates of from eighty to one hundred. The origin of this devastating plague is lost in the mists of prehistoric ages. Certain it is that at the time Moses was establishing a traveling hierarchy somewhere east of Suez and rumors of the Red Sea disaster were filtering slowly up and down the banks of the Nile, there were plenty of persons who coughed chronically, expectorated frequently, discharging often a blood-streaked phlegm, were bright eyed and feverish, and wasted away finally to die in extreme weakness. And it is certain that there were others with sagging spinal columns and hunched backs, and some with locked hip-joints, who went through life with shortened thighs, all of them suffering from what we now know to be forms of one and the same disease. With these words Dr. E. R. Long, in the October issue of *Hygeia*, opens a fascinating story of the history of the causes and prevention of tuberculosis.

Prior to the time of Villemin and Koch the disease was thought by most people to be hereditary. Today we know that the main reason why it so often runs in families is that the sick members infect the well. Since 1900, it has been known that in cities few or no persons escape infection, so great are the opportunities for infection, yet comparatively few get sick from the infection. The reasons for this escape concern what is known as susceptibility, the factors in which are manifold, partly inherited and partly acquired. The fight against the disease depends on the avoidance of infection and the factors that lead to increased susceptibility.

THE SCHOOL DOCTOR

"Well, Father, they've sent another notice about Charles from the school doctor. This time they say he's losing weight and very much undernourished. Last fall it was his tonsils. I can't understand why they won't let us bring up our family as we choose." Probably many good citizens have felt this way; if they still do they should read the interview with Dr. H. G. Rowell in the November issue of *HYGEIA*. After the interview Charles' father said: "Well, Mother, I see we were all wrong and hadn't really looked into the thing." It is the business of the school doctor to look after school living conditions, heating, lighting, ventilation, to see that the desks are the right height and a multitude of other details. He watches for diseases like measles, mumps, diphtheria and scarlet fever, keeps track of the distribution of these diseases in the school district, and sees that your child is not exposed to contagion with skin troubles like itch, ringworm and lice. Besides these more conspicuous troubles, he tries to discover less obvious conditions, such as chronic tonsillitis, before it is too late to remedy them without permanent bodily damage hav-

BUREAU OF VITAL STATISTICS (Cont.)

ing been done. In addition he tries to teach the children how to live healthy lives. This sounds like a pretty useful program, doesn't it, and one that should have cooperation rather than knocks?

BIRTH REGISTRATION

"If inventory and stock-taking are essential in business, so in the field of human welfare, the registration of births and deaths lies at the very foundation."

"If a physician wishes to have the day's work complete and to contribute his part to scientific achievement, he must make prompt and accurate reports of births and deaths, thereby helping to compile accurate statistics. Statistics are many times misleading and inaccurate, but birth and death statistics can be **ABSOLUTELY ACCURATE** if physicians will make full and complete report. Physicians often complain of the burden imposed upon them of reporting births without being compensated for the work; but if they would only think of the service they render to the **INDIVIDUAL**, the city, the state and the nation in the matter of statistics alone, they would see it in a different light. A nation's wealth is not in its lands, waters, flocks, minerals or forests, but in its people; they alone determine its present and future standing among the nations of the earth. Accurate vital statistics aid in infant welfare work and assist those whom we place in charge of the health of a community to perform their work more wisely and well. Don't fail to report births **PROMPTLY** and sign death certificates accurately."

BIRTH REGISTRATION AREA

Florida is in the United States Registration Area for Deaths, and our death rates are accepted all over the world as standard. The next question is: When will Florida be accepted into the Registration Area for Births? All persons who love the State of Florida should do their part by reporting births that they attend, this is not a request but a duty owed to the child, state and country.

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
107	Mr. W. W. Philman, Jr.	Trenton, Fla.
701	Mr. J. R. Richards,	Blountstown, Fla.
702	Mr. Calvin Stephens,	Altha, Fla.
16037	Mrs. G. A. Chewning,	Concord, Fla.
2103	Miss Linnie Lane	Graceville, Fla.
2104	Mr. W. J. Rawls,	Sneads, Fla.
3707	Mrs. Mattie H. Walters,	Belle Glade, Fla.
3905	Mr. A. H. Grant,	Dunedin, Fla.
4203	Mr. R. E. Brooker,	Switzerland, Fla.
5201	Mrs. J. H. Faulk,	Chipley, Fla.
5202	Mr. W. T. Applewhite,	Caryville, Fla.

BUREAU OF VITAL STATISTICS (Cont.)

"No health department, State or local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring."

MORBIDITY

Notification of 916 Cases of Sickness has been received during September as compared with 2,166 for the same month last year.

DISEASES	Total Cases	By Weeks September, 1923				Weekly avg. for Sept. 1922
		1st.	2nd.	3rd.	4th.	
Cancer	24	0	0	23	1	1
Chancroid	22	4	6	4	8	4
Dengue	1	0	0	1	0	367
Diphtheria	48	6	15	10	17	20
Dysentery.....	5	0	0	5	0	1 B
Epi. Meningitis	3	1	0	2	0	0
Ger. Measles	1	0	0	0	1	0
Gonococcus	131	25	42	22	42	26
Hookworm	70	15	6	35	14	26
Influenza	9	2	0	7	0	14
Malaria	145	19	22	70	34	23
Measles	79	9	11	21	38	0 A
Mumps	1	0	0	0	1	0
O. Neonatorum	1	0	0	0	1	0
Paratyphoid	1	1	0	0	0	0
Pellagra	7	0	1	5	1	0 A
Pneumonia	39	1	0	37	1	2
Poliomyelitis (A)	2	0	1	1	0	0
Scarlet Fever ...	1	0	0	0	1	0 A
Syphilis	185	40	40	70	35	41
Tetanus.....	5	0	1	4	0	0 A
Tuberculosis	75	4	10	52	9	8
Typhoid Fever	36	4	9	17	6	5
Whooping Cough	25	3	7	8	7	0 A

A—Less than one.

B—More than one but less than two.

BUREAU OF VITAL STATISTICS (Continued)

Reported Cases of the following diseases for September, 1923.

Counties	Ty-phoid	Mal-aria	Small Pox	Diph-theria	Mea-sles	Tuber-culosis	Sy-philis	Gonor-rhoea
STATE ...	36	145	0	48	79	75	185	131
Alachua	1	5	.....	.....	.....	2	.....	.....
Baker .....	.....	.....	.....	.....	.....	.....	.....	.....
Bay .....	.....	.....	.....	4	.....	.....	2	.....
Bradford .....	.....	.....	.....	2	.....	.....	.....	.....
Brevard ...	.....	6	.....	4	.....	.....	.....	1
Broward ...	.....	.....	.....	.....	.....	1	.....	1
Calhoun ...	1	.....	.....	.....	.....	.....	.....	.....
Charlotte .....	.....	.....	.....	.....	.....	.....	.....	.....
Citrus .....	.....	.....	.....	.....	.....	.....	.....	.....
Clay .....	.....	.....	.....	.....	24	.....	.....	.....
Columbia .....	.....	6	.....	.....	.....	1	1	.....
Dade .....	.....	1	.....	2	.....	.....	7	4
DeSoto .....	.....	1	.....	.....	.....	.....	.....	.....
Dixie .....	.....	.....	.....	.....	.....	.....	.....	.....
Duval ...	5	12	.....	16	10	17	134	104
Escambia	4	.....	.....	.....	1	2	2	4
Flagler .....	.....	.....	.....	.....	.....	1	.....	.....
Franklin ...	.....	.....	.....	.....	.....	.....	.....	.....
Gadsden ...	1	1	.....	.....	.....	6	3	.....
Glades .....	.....	.....	.....	.....	.....	.....	.....	.....
Hamilton	1	.....	.....	.....	.....	2	.....	.....
Hardee .....	.....	11	.....	.....	6	.....	.....	.....
Hernando .....	.....	.....	.....	.....	.....	.....	.....	.....
Highlands .....	.....	1	.....	.....	.....	2	.....	.....
Hillsboro	1	22	.....	7	4	6	22	8
Holmes .....	.....	1	.....	1	.....	.....	.....	.....
Jackson ...	2	3	.....	3	12	2	.....	.....
Jefferson	1	1	.....	.....	.....	.....	.....	.....
Lafayette .....	.....	.....	.....	.....	.....	.....	.....	.....
Lake .....	.....	2	.....	.....	.....	2	.....	.....
Lee .....	.....	.....	.....	.....	.....	.....	.....	.....
Leon	1	26	.....	3	.....	3	.....	.....
Levy .....	.....	6	.....	.....	.....	.....	.....	.....
Liberty .....	.....	1	.....	.....	.....	.....	.....	.....
Madison ...	1	2	.....	.....	.....	1	.....	.....

BUREAU OF VITAL STATISTICS (Continued)

Reported Cases of the following diseases for September, 1923.

Counties	Ty- phoid	Mal- aria	Small Pox	Diph- theria	Meas- les	Tuber- culosis	Sy- philis	Gonor- rhoea
Manatee ...	1	3	.....	3	3	.....	2	.....
Marion	5	1	.....	.....	.....	3	.....	1
Monroe ...	.....	.....	.....	.....	.....	2	.....	.....
Nassau ...	.....	2	.....	.....	.....	1	.....	.....
Okaloosa...	1	1	.....	.....	.....	.....	.....	.....
Okeechobee	.....	.....	.....	.....	.....	.....	.....	.....
Orange .....	.....	2	.....	.....	.....	1	.....	.....
Osceola ...	.....	1	.....	.....	.....	.....	.....	.....
Palm Beach	.....	.....	.....	.....	3	.....	1	.....
Pasco	2	1	.....	.....	4	1	2	.....
Pinellas	2	2	.....	.....	3	1	1	3
Polk	1	14	.....	.....	.....	4	2	1
Putnam ...	.....	2	.....	.....	8	4	.....	.....
St. Johns ...	1	1	.....	.....	.....	3	.....	.....
St. Lucie...	.....	1	.....	.....	.....	.....	.....	.....
Santa Rosa	.....	.....	.....	.....	.....	.....	.....	.....
Sarasota ...	.....	.....	.....	.....	.....	1	.....	.....
Seminole ...	2	.....	.....	.....	1	1	.....	.....
Sumter .....	.....	.....	.....	.....	.....	1	.....	.....
Suwannee .....	.....	2	.....	.....	.....	1	.....	.....
Taylor .....	.....	.....	.....	.....	.....	.....	.....	.....
Union	1	.....	.....	.....	.....	.....	.....	.....
Volusia ...	1	3	.....	2	.....	3	5	4
Wakulla ...	.....	1	.....	.....	.....	.....	.....	.....
Walton .....	.....	.....	.....	1	.....	.....	1	.....
Washington	.....	.....	.....	.....	.....	.....	.....	.....

Cities (Following figures are included with County Totals)

Jacksonville	4	11	.....	15	9	17	134	104
Tampa	1	13	.....	6	4	3	16	7
Miami .....	.....	1	.....	1	.....	.....	7	3
Key West .....	.....	.....	.....	.....	.....	2	.....	.....
W. P. Beach .....	.....	.....	.....	.....	3	.....	1	.....

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

THEY ALL SEEM TO ENJOY IT



LABORATORY.
25TH. & EAST STREET.
WASHINGTON, D.C.

Think of the enormous sums spent yearly by (Mr. Public) the citizens of Florida for Patent Medicines

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

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DECEMBER, 1923

NO. 12

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

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Raymond C. Turck, M. D., State Health Officer

BOXING AS A MEANS OF PHYSICAL EDUCATION

I am doubly interested in the success of the boxing exhibitions now being put on by the 154th Infantry, Florida National Guard. As Colonel of the Regiment, I see in boxing our greatest stimulant of interest in athletics and in physical training among the men of the Regiment. I hope that the bouts may make enough money to provide athletic equipment for every unit of the guard, to provide adequate gymnasiums, to employ trained physical directors, to provide company funds for the benefit and amusement of the enlisted men and finally, to build a permanent Y. M. C. A. and amusement hall at Camp Johnston. As State Health Officer, I naturally have a keen interest in anything which makes for physical training and the building of better men.

BOXING A UNIVERSAL SPORT

For the past three years, the members of the Athletic Council of the Regiment have been trying out various athletic sports in an effort to stimulate interest and attendance in the guard companies, to provide healthy amusements, and to foster physical training. Baseball, basketball, football, swimming, track events are all seasonal and so far as actual participation is concerned, appeal to but a limited number of men. Boxing and wrestling are not only wonderful measures for physical training but appeal to all boys and most men and are forms of athletic sport which are seasonable twelve months a year. The Army, Navy, American Legion and the Y. M. C. A. all have realized this and hence all are stressing Boxing in their athletic programmes.

TRAINED BOXERS MUST BE PHYSICALLY FIT

The boxer, whether professional or amateur, must keep in the pink of physical condition in order to last through even four rounds of fast boxing. The lesson of physical condition has been most strikingly demonstrated in some of the bouts at Camp Johnston. In the occasional preliminary four or six round bout between amateurs, soldiers or sailors, practically every amateur was winded or exhausted after two rounds—six minutes—of boxing. The contrast between the physically untrained man and the trained professional was most marked. After the Finley-Ferns and Finley-Avera bouts, each ten rounds of fast, clever boxing, I was particularly impressed with this lesson. After these boys had had their showers and were dressed, they came to my office as fresh and chipper and happy as if they had just had a quiet walk in the park. The moral is obvious. As a rule, there are exceptions of course, but as a rule the professional boxer of today is a clean cut, clean living, wonderfully healthy young athlete. He must necessarily keep himself physically fit all the time. Jimmy Finley for example, takes two hours of calisthenics every morning, runs or walks an hour and boxes an hour or more every afternoon. No drinking and no dissipation is possible for the young man who is

ADMINISTRATION (Cont.)

boxing for a living. Think what it would mean to the youth and to the men of this country did they but devote one fifth as much time to their physical training as does the professional boxer. The young man, professional or amateur, who is training for boxing or wrestling is not running wild about the streets or loafing about the corner drug store or soda fountain.

INTEREST STIMULATED BY PROFESSIONAL BOXING EXHIBITIONS

That the professional boxing exhibition with its example of cleverness, training and enviable physical condition is one of our greatest factors in stimulating interest in athletics was vividly shown at Camp Johnston last August. The Y. M. C. A. sent a boxing instructor to the regimental camp to give free lessons to the men. Interest in boxing at first was desultory, perhaps a dozen soldiers took advantage of the boxing instructions at the "Y". The night following the Finley-Ferns bout at the Camp, there were 336 soldiers in the Y. M. C. A. boxing classes.

BOXING VERSUS PRIZE FIGHTING

We must differentiate sharply between modern boxing as a clean wholesome athletic sport, and the old time prize fight with its brutality, crookedness, vulgarity and accompanying gambling and other disreputable and undesirable features. Modern boxing, as fostered by the Army, Navy and Y. M. C. A. is as different from the old time prize fights as the old combats of the gladiators in the Roman Coliseum differ from the baseball game in the Yankee Stadium. Unfortunately, we have to live down and combat the odium of the old time prize ring. In the minds of most people who have not witnessed boxing of today, there still exists a prejudice based on impressions derived from the brutal combats of the past, perhaps in the subconscious mind, even beyond the prize fight of thirty years ago to the combats of the cave-men with their clubs and rocks.

The Boxing exhibitions now being staged by the 154th Infantry are clean and wholesome. The attendance of the women of Jacksonville is particularly desired and it is hoped that parents will bring their boys. The Athletic Council of the Regiment has given assurance that there will be nothing offensive, no vulgarity, profanity or gambling and the Athletic Council MEANS JUST THAT.

BOXING NOT DANGEROUS OR BRUTAL

It is curious that many people who go to see football and who frequently and with scarcely a qualm watch badly injured boys, being carried from the field, perhaps with broken backs or bones, sometimes with fatal injuries, look upon boxing as a brutal sport. I venture to say that there has been no death and no severe injury in any modern boxing match in the past seven years, the period in which modern boxing has been developed thru the stimulus given by the Army, Navy and Y. M. C. A. during the war. It is to be hoped that Boxing may be placed on the clean high plane to which its value as a physical educator entitles it.

BUREAU OF CHILD WELFARE**Laurie Jean Reid, R. N., Director****ECHOES FROM THE ANNUAL MEETING OF THE
AMERICAN CHILD HEALTH ASSOCIATION**

Detroit Michigan, October 15, 16, 17, 1923.

For those who recognize the need, but feel hesitancy about attempting a child health program, attendance at this year's meeting of the American Child Health Association, would have furnished inspiration and enthusiasm sufficient to put over any piece of work.

So many times the papers and discussions at conventions of this nature are so highly technical that much of the good in them is lost to all but the skilled professional. Such was not the case at this meeting, however, papers and talks were practical and to the point, on subjects of vital importance to every community and this brought out very general and helpful discussions from all classes of workers present.

The arrangements for the meeting and the handling of different groups were very perfect in detail and much commendation is due the program and arrangement committees for their part in oiling the wheels and keeping things running smoothly and in perfect order. The majority of the meetings were held in the spacious ballrooms of the Statler Hotel and from nine o'clock in the morning, when the general sessions were called to order, until the close of the night sessions, these rooms were crowded with delegates and others interested in child health work. On Monday night a public meeting was held at St. Pauls Episcopal Cathedral, and long before the time of meeting, it was packed to the doors and many had to be turned away. The Honorable Herbert Hoover, President of the American Child Health Association, presided and made an address.

A note of warning was sounded by more than one of the leading speakers relative to methods of doing educational work, and that in many instances the responsibility of the health and well being of children was being delegated to some outside agency instead of being placed in the home. It was pointed out that while the assistance of experts was needed to get over the correct information, more lasting good could be accomplished by teaching methods to parents in the home as far as possible and in the light of this knowledge, having them solve their own family health problem; the idea being to educate the parents, and not to relieve them of the responsibility of their children.

Much stress was put on the need for maternal and infant hygiene work. There has been a reduction of 50% in infant mortality in the past twenty years, which is a tangible and unquestionable proof that real progress is being made, but maternal mortality rates do not show any such decrease, therefore, our efforts must be more definitely directed in this channel. We were also reminded that the reduction in the infant death rate is relatively greater in cities than in smaller communities. This reflects on the way the work is carried on in that the most intensive health work is being done in cities, and the majority of health programs made to meet city rather than rural problems.

BUREAU OF CHILD WELFARE (Cont.)

We must remember that the majority of American children are country children, many of whom come into the world far from medical or nursing service and that only when we will have reached out to the far edge of the swamps, the other side of the mountains, and the little clearings in the forests, will we have found the crux of the whole matter and be in a position to do real constructive work that should bear a rich harvest. Communities and counties ought to accept the responsibility for the health education of their citizens.

The Honorable Herbert Hoover, President of the Association, very aptly pointed this out in the following words:

"I am one of those who believes that the standards established by the community itself from a sense of its responsibility, are infinitely more valuable than standards established by the imposition of authority from above. Voluntary efforts of this character for cooperation with communities themselves are of the utmost importance. Official action is vitally necessary but their work and their results can go but little beyond the sense of public responsibility, the growth of public responsibility and the growth of public opinion in their support. We can cooperate with them and give effective support in these matters, but the local community is the unit of responsibility in American public life. The sum of progress in the local communities is the sum of National progress. When this progress springs from the community itself, we have not only progress in the protection of child life, but the reinforcement of the foundations upon which our Society must rest."

There were many helpful discussions of ways and means of reaching the rural people. We were reminded of something that has been overlooked in many instances, and that is, the education along health lines, of the father as well as the mother in the health problems of their families.

The care of the runabout child was given much consideration and a visit was made by the delegates to the Merrill-Palmer School of Homemaking, where two helpful Round Tables were conducted.

One day was given over to health education and the problem of the school child and the teaching of health education in the schools was discussed from every angle. The need for medical examination and supervision of both preschool and school children and the prominent part that health education and proper school environment should play in the life of the school child, were taken up and discussed from the viewpoint of the doctor, nurse, teacher and nutrition worker. Practical methods of teaching health to children were also given a considerable place on the program.

To summarize: Every phase of child life, from the care of the prospective mother to the end of the school age, was made the subject of talks and discussions so that all those interested, regardless of their particular program or section of the country, had ample opportunity to acquire new viewpoints, different methods of procedure, the last word in what is being done by the biggest experts in the country, and a fine enthusiasm and inspiration for the coming year's work.

BUREAU OF DIAGNOSTIC LABORATORIES**B. L. Arms, M. D., Director****SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES
OF THE STATE BOARD OF HEALTH DURING OCTOBER, 1923**

	Jackson- ville	Tampa	Pensa- cola	Miami	Talla- hassee	Total
Animal Parasites.....	641	228	16	28	57	970
Diphtheria	1058	203	99	277	49	1686
Typhoid	175	202	12	31	38	458
Malaria	309	277	16	31	112	745
Rabies	16	7				23
Tuberculosis	204	80	16	20	12	332
Gonorrhoea	230	117	27	33	18	425
Syphilis	1426	384				1810
Water: Bact. Ex.....		27		42	1	70
Water: NaCl Cont.....				31		31
Milk: Bact. Ex.....	36	10	16	177	15	254
Milk: Chem. Ex.....	36	10	16	376		438
Miscellaneous	31	19	3	43	2	98
	4162	1564	221	1089	304	7340
Specimen Containers Distributed.....						5507

BIOLOGICAL PRODUCTS SENT OUT DURING OCTOBER, 1923

Diphtheria Antitoxin.....	10,000 Units	173
Diphtheria Antitoxin.....	5,000 Units	93
Toxin Antitoxin.....	1's	11
	10's	56
Schicks.....	50's	16
	100's	18
Tetanus Antitoxin.....	20,000 Units	12
	10,000 Units	38
	1,500 Units	184
Typho Bacterin.....		153 Packages
Vaccine Virus.....		1479 Points
Antirabic Virus.....		21 Treatments

* * * * *

WEST FLORIDA DISTRICT**F. A. Brink, M. D., District Health Officer****DIPHTHERIA IS DANGEROUS**

Diphtheria and Croup caused ninety-five (95) deaths in Florida last year.

Death from Diphtheria is often caused when—

1. Parents do not call the doctor promptly when a child has sore throat.

WEST FLORIDA DISTRICT (Cont.)

2. Physicians postpone using antitoxin until a positive laboratory diagnosis can be made.
3. Parents refuse to have antitoxin injected.
4. The heart weakened by the poison of the diphtheria germ is overtaxed by exertion and fails. The heart should be carefully watched and protected after diphtheria.

A few hours delay in the use of antitoxin may prove disastrous.

DIPHTHERIA CAN BE PREVENTED

Immunization to diphtheria is now as easy and simple as that which is so well known and so extensively used for preventing typhoid fever.

Three "Shots" in the arm, that is all, and nineteen out of twenty persons will become immune in about two months. It is believed that this immunity is good for life.

Fifty to ninety per cent of all children who have reached school age are immune. The immune individuals can be recognized by the Schick test which is harmless and all but painless.

Are the children of your family and your community receiving the protection that is due them? See the family physician, write the State Board of Health.

School authorities and leading citizens of many communities are asking for the services of the Health Officer in carrying out these protective measures.

The community that is progressive in health work and takes advantage of every opportunity to protect or improve the health of the children will be seen to grow in other respects, to have better homes, schools, churches and farms and larger bank deposits.

* * * * *

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying August, 1923, accounts.....	\$28,023.84
September, 1923, Receipts	2,596.90
Total	30,620.74

DISBURSEMENTS

September, 1923, Disbursements	8,146.22
Balance	22,474.52

DISBURSEMENTS FOR SEPTEMBER, 1923, ITEMIZED

Administration	\$ 1,640.08
Engineer	1,457.81
Laboratories	2,043.45
Child Welfare	139.50
Vital Statistics	1,193.75
Multigraph	133.64
Biologics	688.70
Communicable Disease	849.29
Total	8146.22

BUREAU OF SANITARY ENGINEERING**George W. Simons, Jr., S. B., Chief Engineer****AUTO CAMP SANITATION**

Until the present season auto tourist camps in Florida were constructed and operated with only a minimum amount of care and supervision. Small, free roadside camps, as well as large, municipal camps at which a nominal fee was charged for camp privileges, were in many cases poorly maintained and supervised.

Early this season the State Board of Health, realizing the need for better and more properly supervised camps revised its former camp rulings, compiled during 1920, and drew up a set of improved regulations. These regulations are quite comprehensive and will assist materially in improving Florida's auto tourist camps.

In this revised rule attention is directed to (a) camp sites, (b) supervision by attendant, (c) water supply, its quality and proper location, (d) proper means of sewage and waste disposal, (e) registration of campers and (f) final approval and certification by the State Board of Health.

Copies of these regulations were supplied to all camp owners and operators as well as to the city officers, chambers of commerce, civic organizations and others interested in auto camp control in the state. Inspections of camps were made by representatives of the Board and the necessary advice and instructions given to those in charge of camps. In many instances individuals, realizing their inability to meet the requirements of the State Board of Health, abandoned the idea of operating a camp and promptly closed the site. In those instances where operators, after due consideration, felt that they would be able to meet the necessary demands of the Board, sufficient time was granted them to comply.

Since the initial camp survey, early this fall, a second or check inspection has been made and following this searching, intensive review about forty camps have been duly approved and the necessary permit or certificate given for their operation. During these camp surveys inspectors of the Board have closed about twenty camps in the state and posted the "NO CAMPING" placard thereon. Other camps failing to comply with the regulations will likewise be closed.

This action of the State Board of Health and its careful supervision over the camps in the state is greatly appreciated by the camp operator as well as the camper. It assists the former in camp maintenance and greatly protects the latter. The State Board of Health is determined to have the camps of Florida operated in such a way that they will be a credit to the State.

Following is a list of approved—certified camps as passed by the State Board of Health. In this list are included only first class, well regulated, and carefully operated camps which were able to pass rigid inspection. Constant supervision by the District Sanitary Officer of the Board will be continued throughout the season.

Bradentown—City Camp.

Cocoa—Hoffman Camp, Otto Hoffman, operator.

Daytona—Daytona Auto Camp, A. W. Knapp, operator; High-

BUREAU OF SANITARY ENGINEERING (Cont.)

lands Camp, W. L. Hamilton, operator; Cole Tourist Camp, W. R. Flagg, operator; Ridgway Camp, A. C. Ridgway, operator; Merwin Camp, I. W. Merwin, operator.

DeLand—City Camp, E. M. Brown, City Manager.

Ft. Lauderdale—Adams Camp, E. F. Adams, operator.

Hollywood—Peck Camp, H. D. Peck, operator.

Holly Hill—Riverview Camp, C. R. Vann, operator; Leonard Camp, F. W. Leonard, operator.

Haines City—Bradbury Camp, A. E. Bradbury, operator.

Jacksonville—Richardson Camp, 41st and Main Street; O. B. Hudson Camp, 41st and Main Streets; North Shore Beach Camp, Mr. Yates, operator; Peterson Camp, Goodby Lake (St. Augustine Road).

Lakeland—Camp Bonney, W. D. Taylor, operator.

Lake Alfred—Camp Monson, operated by Mr. John Monson.

Melbourne—Midway Camp, Art Ratliff, operator.

New Smyrna—Bass Camp, Z. Bass, operator.

Orlando—Stevenson Camp, J. E. Stevenson, operator.

Orange City—Bumps Camp, E. M. Bumps, operator.

Palmetto—Municipal Camp.

St. Augustine—Post Camp, Dillon Camp.

Six Mile Creek (Tampa)—Parsons Camp, A. Parsons, operator.

St. Petersburg—Lewis Tent City Camp, L. Lewis, operator.

Sarasota—Poms Camp, H. E. Walton, operator.

Stuart—J. L. Rosebury, operator.

Tampa—DeSoto Park Camp; Sunset Beach Camp, G. B. McKencher, operator.

Seffner—Camp of F. McKurth.

Titusville—Municipal Camp.

West Palm Beach—Municipal Camp, G. L. Wright, City Mgr.

Miami—Miller Tourist Camp, Sam Slocum, operator; McCrimmon Camp, Mrs. M. McCrimmon, operator; Price Camp, H. W. Price, operator; Morgan Camp, T. H. Morgan, operator.

SECOND ANNUAL ANTI MOSQUITO CONFERENCE.

Keen interest is being displayed in the second annual mosquito control conference which is to be held in Bartow on December 6th and 7th under the auspices of the State Board of Health. Delegates from all sections of the state will attend this meeting at which time the successful mosquito control campaigns conducted in the several communities during 1923 will be discussed and plans will be laid for the work of 1924. The ultimate success of mosquito control in Florida will depend largely upon the campaigns of 1924 which will carry on and complete the activities of the year just closing.

A banner attendance is anticipated at the Bartow meeting at which Dr. Joseph Y. Porter will preside. Exhibits are being arranged by communities which have done effective work during the past few months for display at this meeting; an exhibit is also promised from the U. S. Public Health Service. Surgeon-General Cumming has been very kind in detailing Dr. T. H. D. Griffiths, Entomologist, who has been conducting certain malaria studies at Montgomery, Alabama, to represent the Service at this meeting.

EAST COAST DISTRICT**T. A. Blinn, M. D., District Health Officer**

During the period of time from October first to November fifteenth, there were several schools visited, among them the schools at Panama Park and Pablo Beach, where examinations were made for communicable disease.

The entire enrollment of Pompano school in Broward county were Schick tested, also many outsiders and immunization treatments were given. One school at Miami was visited. Arrangements were made at Perrine, Dade county, to Schick test all pupils of the school and others who desire the test and immunizing treatments. Activities were carried out at Cocoa and on Merritt's Island.

Three days of active work was accomplished with the assistance of Mrs. E. A. Hargrave, Red Cross nurse for Putnam county. At this time one thousand and fifty-five school children were examined for possible eye, lung and skin conditions at Palatka, Orange Mills, East Palatka and Peniel.

Investigations were made of conditions at Arlington and Hogan with regard to communicable disease. The Lackawanna school was visited and arrangements will be made to Schick those desiring it, and the immunizing of those found susceptible to diphtheria.

In Marion county there were twelve towns visited in which six hundred and seven physical examinations were made of school children and one hundred and fifty examinations for eye and skin infections.

* * * * *

HERE AND THERE**DON'T FORGET THE WINDOW**

Systems of ventilation have been devised without number, some of them good, some of them half good, and some of them useless, but none of them for one moment supercedes the open window as a means of ventilation. Whatever else you do in the way of ventilation, live in a house with plenty of windows and open them. By actual experiments it has been demonstrated that respiratory sickness is greater among school children in fan-ventilated rooms than in those window ventilated. And this is true even though there is no apparent difference in temperature, and the fan rooms contain more area than the window ventilated room. —Healthy Home.

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While the strong healthy infant may live in spite of errors in diet and hygiene, a slight error may prove fatal to a more delicate child. It is therefore advisable to observe certain simple rules of diet and hygiene since it is far easier to keep a well baby well than to make a sick baby well.

* * * * *

During 1922, the case fatality rate of smallpox, or the number of deaths per 100 cases was five times the figure for 1921. Among 9,936 cases reported in 276 cities in the United States and Canada, 495 deaths occurred, or five per cent of the total cases. In 1921, only one per cent of the 31,489 cases died. —Buffalo Bulletin.

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D. P. H., Director****AMOS KEETER BEGS TO BE PERMITTED TO STAY
HERE AND SERVE PHYSICIANS**

October 1, 1923

Mr. Editor, Plant City Courier.

Sir: There is so much agitation against me at this time by the State officials from Chattahoochee, the Kee Klan, Scout Boys and others, that I feel it my duty to defend myself and family and would ask that you give me space in your paper to do so.

I am a plain individual, have one point and stick to it, so if you can't stand what I say don't read it, for the time has come to call a spade by its proper name, which is the reason of named names in this article of self-defence.

Why do these State officers come down here and upset our peace and happiness? These Scout Boys had better be in school than parading over town with their big hats and short pants upsetting everybody's water and nosing around back yards. They don't do any good, but rather harm.

What makes a town? It is an undisputed fact that the first is space, the next a pond, then me and mine, followed by the doctors, who make homes, banks and business. All this is true of our city. The first three mentioned were here, then came the doctors. My Grandfather knows the order of their coming and has told me the story.

There is John Alsobrook, who struck town single, broke, with a knife in one pocket and an empty pill-box in the other. Now look at him, with his family, his autos, his big white house on the hill, with a High School on his front lawn. Ask him what did it.

And then see Clarence Knight, who was blindfolded, backed into town and locked in his office and held there until he learned to make the usual prescription. Now look at him, with his big home in the center of town, orange groves from Durant to Fourth of July and as many automobiles as a billy-goat has wives. Ask him how he got it.

And look at Clair Maquire, who struck town with a bottle of quinine pills, a pad of printed prescriptions and an eye on the other doctors. Look at him now, with his house in town and his country estate, moving backwards and forwards so many times a year he wears his furniture out every six months. Ask him who made it for him.

And the druggist, too—haven't they made it?

There is Tom Knight. My grandfather told me they had to lasso him and drag him out of the ponds, where he was catching frogs and top fish and bring him to town and put a guard over him until he could be taught to roll pills and order quinine. Look at him now—plenty of money and nothing to do but spend it, go fishing, report catches which nobody believes, raise twins and rock in the Rexall cradle of luxury. Ask him, will you?

BUREAU OF VITAL STATISTICS (Continued)

Paul White, too. Everybody knows where he stays, but when they got him to town they tied one leg to the soda-fountain until he could be broken-in and taught how to fill those little glass pill things with quinine, since which time he has never stopped making pills and banking money. He doesn't even go home to eat, but takes his meals from a swinging shelf, that he may eat as he rolls. Ask him if he wants to stop his profits.

And then there is Will Lee, who owns most of the earth and a part of the moon. He is of my time. When he saw all this panorama as played before him he jumped in for some of the profits too. Now it is almost impossible to cross a street without being run down by one of his Lincoln sedans. Ask him what made it.

Look at your graveyard. Don't that show progress? If it were not for me you would turn part of that property into a public park and be like other cities. Prosperity? What more do you expect? Your doctors and druggist are making money and building banks, and your town is growing.

I warn you not to listen to Henry Andrews, Calvin Young, Avon Peacock, the Klee Klan, Scout Boys and other foreign element. They are only jealous of the doctors and druggist and are out looking for jobs and fat salaries. They are trying to make us all discontented. Let them have their way and what kind of a town would we have? Get rid of me as they suggest, and watch your graveyards grow up in weeds and your town over-run with Yankees looking for homesites. Just look at Bradentown and Miami. Do you want us to be like them? These agitators have done enough harm already, spilling the rain-water. No wonder the girls are obliged to bob their hair—the city will not allow them soft water to wash their tresses. If these fellows are allowed to get control they will have to shave their pretty heads, for lack of soft water to wash the little which is left, and people will stop dying, except when they get old and want a change of climate, and then what will you do with your flowers?

I believe in progress, but let us have the right kind here among ourselves. You do not need any outside help, people have got to die, some time, why not let them go on dying the same old way—they are used to that? Everybody knows what to expect as it is now. Yankees are not afraid of rattlesnakes and alligators half as much as they fear me.

If you feel that I have not done my duty, give me another chance and I promise to reclaim my reputation. I need help to make a success, and can assure you the old way is as good as is necessary.

Yours for progress,

Reprint from Plant City Courier.

AMOS KEETER

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PHYSICIANS PLEASE NOTE

Kindly look over your files and see that you have not overlooked registering any births. The cooperation of the physicians is very much appreciated and we are just giving this suggestion so that your records may be one hundred per cent complete.

BUREAU OF VITAL STATISTICS (Continued)

Florida is in the Registration Area for Deaths and will be in the Registration Area for BIRTHS in the near future provided, the local registrars, physicians and midwives help to make a complete and prompt record of every baby born in this State.

* * * * *

LOCAL REGISTRARS PLEASE NOTE

Just a few weeks left to make your final report for the calendar year 1923.

Please make a special effort to get in all original birth and death certificates on January 10th.

If possible make a friendly call on all the physicians in your district. I would suggest that you check the hospitals carefully to see that no records have been overlooked.

Completeness of registration is gaining every year and we hope to make 1923 the most complete of all.

The local registrars in Florida have been doing exceptionally good work the last few years, and in my opinion, have been doing better work during the year 1923 than any previous year.

Congratulations to local registrars—hope you will keep up the good work.

* * * * *

**SOME REASONS WHY A RECORD OF YOUR CHILD'S BIRTH
MAY BE NEEDED.****To prove legal age:**

- For inheritance of property.
- For claims of widows and orphans.
- For settlement of insurance.
- For settlement of pensions.
- For exemption from jury.
- For exemption from military service.
- For entrance to school.
- For right to vote.
- For right to marry.
- For legal dependency.
- For tax income.
- For driving automobile.
- For irresponsibility of children.

To prove American Citizenship:

- For passports.
- For exemption from military service in foreign countries.
- For criminal courts in foreign countries.
- For immigration.
- For right to hold certain offices.
- For right of admission to certain professions.
- For collecting compensation from Government.

To prove legitimacy:

BUREAU OF VITAL STATISTICS (Continued)

Reported Cases of the following diseases for October, 1923.

Counties	Ty-phoid	Mal-aria	Small Pox	Diph-theria	Influ-enza	Hook-worm	Sy-philis	Gonor-rhoea
STATE.....	37	165	.....	96	14	85	246	189
Alachua.....	1	3	.....	7	1	1	1	.....
Baker .....	.....	.....	.....	.....	.....	.....	.....	.....
Bay .....	.....	.....	.....	3	.....	.....	.....	5
Bradford .....	.....	.....	.....	1	.....	.....	.....	.....
Brevard ...	.....	.....	.....	3	.....	3	1	1
Broward .....	.....	.....	.....	1	.....	.....	.....	.....
Calhoun ...	.....	.....	.....	.....	.....	.....	.....	.....
Charlotte .....	.....	.....	.....	.....	.....	.....	.....	.....
Citrus .....	.....	4	.....	.....	.....	.....	.....	.....
Clay .....	.....	2	.....	.....	.....	.....	.....	.....
Columbia .....	.....	1	.....	1	.....	.....	.....	.....
Dade	3	1	.....	11	.....	2	8	8
DeSoto	1	2	.....	.....	.....	.....	1	1
Dixie .....	.....	.....	.....	.....	.....	.....	.....	.....
Duval.....	6	10	.....	17	3	1	171	147
Escambia	1	.....	.....	10	1	1	2	1
Flagler .....	.....	.....	.....	.....	.....	.....	.....	.....
Franklin ...	.....	1	.....	.....	.....	.....	.....	2
Gadsden ...	3	8	.....	2	1	3	4	.....
Glades .....	.....	.....	.....	.....	.....	.....	.....	1
Hamilton .....	.....	.....	.....	3	.....	.....	1	.....
Hardee.....	.....	5	.....	3	.....	2	.....	.....
Hernando	1	.....	.....	.....	.....	.....	.....	.....
Highlands	2	1	.....	.....	.....	2	3	2
Hillsboro	2	.....	.....	12	4	1	41	12
Holmes.....	.....	1	.....	.....	.....	.....	.....	.....
Jackson.....	1	5	.....	1	.....	.....	.....	.....
Jefferson .....	.....	.....	.....	.....	.....	3	.....	.....
Lafayette .....	.....	.....	.....	.....	.....	1	.....	.....
Lake.....	1	2	.....	1	.....	2	.....	.....
Lee.....	.....	.....	.....	.....	.....	1	.....	.....
Leon.....	2	18	.....	2	.....	6	2	2
Levy.....	.....	6	.....	.....	.....	2	.....	1
Liberty .....	.....	1	.....	1	.....	.....	.....	.....
Madison ...	2	3	.....	1	.....	.....	.....	.....

BUREAU OF VITAL STATISTICS (Continued)

Reported Cases of the following diseases for October, 1923.

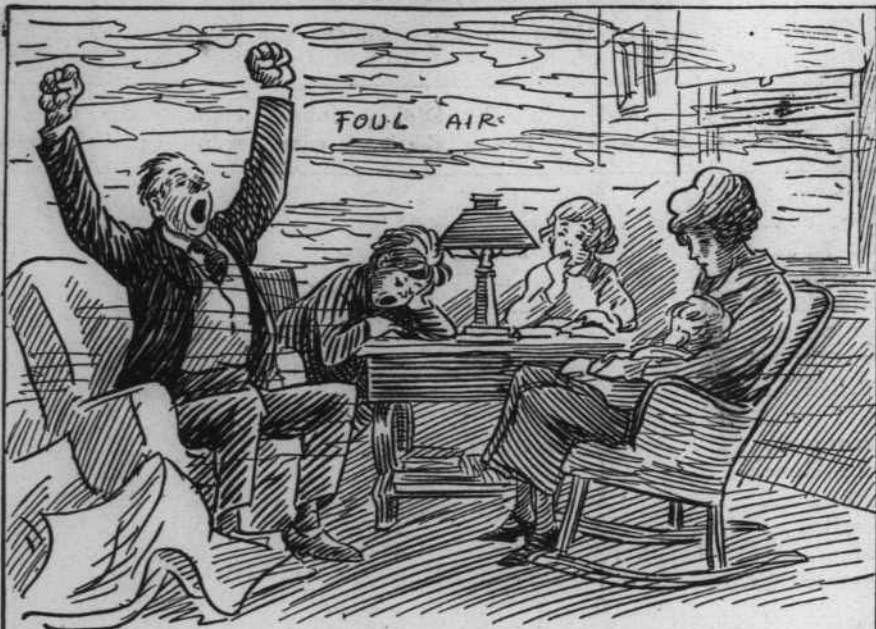
Counties	Ty-phoid	Mal-aria	Small Pox	Diph-theria	Influ-enza	Hook-worm	Sy-philis	Gonor-rhea
Manatee ...	3	.....	.....	2	.....	.....	3	1
Marion	2	4	.....	.....	.....	38	.....	1
Monroe.....	.....	.....	.....	.....	.....	.....	.....	.....
Nassau.....	1	.....	.....	.....	.....	1	.....	.....
Okaloosa ..	.....	.....	.....	.....	.....	.....	.....	.....
Okeechobee ..	.....	.....	.....	.....	.....	.....	.....	.....
Orange	3	3	.....	2	.....	.....	1	1
Osceola.....	.....	.....	.....	.....	.....	.....	.....	.....
Palm Beach ..	.....	1	.....	.....	.....	.....	.....	.....
Pasco.....	.....	2	.....	1	1	.....	.....	.....
Pinellas .....	.....	5	.....	3	1	3	.....	2
Polk.....	1	12	.....	4	.....	5	5	.....
Putnam.....	.....	1	.....	2	2	.....	.....	.....
St. Johns... ..	.....	10	.....	.....	.....	1	.....	.....
St. Lucie.....	1	3	.....	.....	.....	.....	.....	1
Santa Rosa ..	.....	.....	.....	1	.....	.....	.....	.....
Sarasota.....	.....	.....	.....	.....	.....	.....	1	.....
Seminole.....	.....	5	.....	1	.....	.....	.....	.....
Sumter.....	.....	2	.....	.....	.....	.....	.....	.....
Suwannee .....	.....	3	.....	.....	.....	3	1	.....
Taylor.....	.....	.....	.....	.....	.....	.....	.....	.....
Union .....	.....	.....	.....	.....	.....	.....	.....	.....
Volusia.....	.....	7	.....	.....	.....	2	.....	.....
Wakulla.....	.....	1	.....	.....	.....	1	.....	.....
Walton .....	.....	.....	.....	.....	.....	.....	.....	.....
Washington ..	.....	.....	.....	.....	.....	.....	.....	.....

Cities (Following figures are included with County Totals)

Jacksonville	4	9	.....	16	3	.....	169	147
Tampa.....	.....	15	.....	8	3	1	34	8
Miami	3	1	.....	7	.....	1	8	8
Key West .....	.....	.....	.....	.....	.....	.....	.....	.....

If your locality is not properly represented on the foregoing table, is it because there was no sickness or is it because the CASES were not reported? THINK IT OVER CAREFULLY. The first reason would be a valid one but if the latter, you and your family are not receiving proper protection.

**NOW THAT WINTER IS HERE DON'T SIT IN
STUFFY OVERHEATED ROOMS**



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HEALTHY CARTOON SERVICE
NO. 27 CHICAGO

**BUT OPEN UP THE WINDOWS OCCASIONALLY AND
GET SOME GOOD FRESH AIR**

**LIBRARIAN HYGIENIC.
LABORATORY.
25TH. & EAST STREET.
WASHINGTON, D.C.**